NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

Staffordshire and Stoke-on-Trent Integrated Care Board Meeting

HELD IN PUBLIC

Thursday 20th November 2025

1.00pm – 3.30pm

County Council Chamber, County Buildings, Martin Street, Stafford, ST16 2DH

[A = Approval / R = Ratification / S = Assurance / D = Discussion / I = Information]

	Agenda Item	Lead(s)	Enc	A/R/ S/D/I	Time	Pages
1.	Welcome and Apologies	Chair	---	---	1.00pm	---
2.	Leadership Compact	Chair	Enc 01	A		3
3.	Conflicts of Interest	Chair	Enc 02	---		4-5
4.	Minutes of meeting held on 18th September 2025	Chair	Enc 03	A		6-17
5.	Action Log	Chair	Enc 04	D		18
6.	Questions submitted by members of the public in advance of the meeting	Chair	---	D	1.05pm	---
Strategic and System Development						
7.	Community Story – **Reducing Harm from Inappropriate Prescribing of Opioids: Patient Story (Role of Peer Group Support in Managing Chronic Pain)**	RG	Enc 05		1.15pm	19-22
8.	ICB Cluster Chair and Cluster Chief Executive Report	IG/SW	Enc 06	I	1.30pm	23-31
9.	System Winter Assurance	PS	Enc 07	A	1.40pm	32-40
10.	2026/2027 Planning	ED/CF	Enc 08	D	1.50pm	41-53
System Governance and Performance						
11.	Quality and Safety Report Quality and Safety AAA Chairs Report – October 2025	LT SH	Enc 09 Enc 10	I/S I/S	2.00pm 2.10pm	54-57 58-62
12.	Staffordshire and Stoke-on-Trent Health and Care Senate AAA Chairs Report – September and October 2025	RG	Enc 11a/b	I/S	2.15pm	63-69

13.	ICS Finance and Performance Report Finance and Performance Committee AAA Chairs Report – 7th October and 29th October	CF/PS ML	Enc 12 Enc 13a/b	I/S I/S	2.25pm 2.45pm	70-115 116-121
14.	ICS People, Culture and Inclusion Committee Assurance and Performance Report	MI	Enc 14	I/S	2.50pm	122-130
15.	Staffordshire and Stoke-on-Trent ICB Audit Committee AAA Chairs Report – October 2025	JH	Enc 15	I/S	3.00pm	131-196
16.	Staffordshire and Stoke-on-Trent ICB Remuneration Committee AAA Chairs Report	SL	Enc 16	I/S	3.05pm	197-198
17.	Staffordshire and Stoke-on-Trent ICB Strategic Commissioning and Transformation Committee – September, October and November	ML	Enc 17a/b/c	I/S	3.10pm	199-211
18.	ICB's Commercial Sponsorship Policy	PW	Enc 18	R	3.15pm	212-213

Any Other Business						
19.	Items notified in advance to the Chair	All	---	---	---	---
20.	Questions from the floor relating to the discussions at the meeting	Chair	---		3.20pm	---
21.	Meeting Effectiveness	Chair	---		3.25pm	---
22.	Close	Chair	---		3.30pm	---
23.	**Date and Time of Next Meeting** **Thursday 15th January 2026 1.00pm – 3.30pm, Midlands Partnership NHS Foundation Trust Headquarters Boardroom, Mellor House, St George's Hospital, Corporation Street, Stafford, ST16 3SR.**					

ICS Partnership leadership compact

Trust

- We will be **dependable**: we will do what we say we will do and when we can't, we will explain to others why not
- We will act with **integrity** and **consistency**, working in the interests of the population that we serve
- We will be willing to take a **leap of faith** because we trust that partners will support us when we are in a more exposed position.

Courage

- We will be **ambitious** and willing to **do something different** to improve health and care for the local population
- We will be willing to make **difficult decisions** and take proportionate risks for the benefit of the population
- We will be **open to changing course** if required
- We will **speak out** about inappropriate behaviour that goes against our compact.

Openness and honesty

- We will be **open** and **honest** about what we can and cannot do
- We will create a **psychologically safe environment** where people feel that they can raise thoughts and concerns without fear of negative consequences
- Where there is disagreement, we will be prepared to **concede** a little to reach a consensus.

Leading by example

- We will **lead with conviction** and be ambassadors of our shared ICS vision
- We will be committed to **playing our part** in delivering the ICS vision
- We will live our **shared values** and agreed leadership behaviours
- We will positively promote **collaborative working** across our organisations.

Respect

- We will be **inclusive** and encourage all partners to contribute and express their opinions
- We will **listen actively** to others, without jumping to conclusions based on assumptions
- We will take the time to understand others' points of view and **empathise** with their position
- We will respect and uphold **collective decisions** made.

Kindness and compassion

- We will show **kindness**, **empathy** and **understanding** towards others
- We will **speak kindly** of each other
- We will support each other and seek to solve problems **collectively**
- We will challenge each other **constructively** and with **compassion**.

System first

- We will put **organisational loyalty and imperatives** to one side for the benefit of the population we serve
- We will spend the Staffordshire and Stoke-on-Trent pound **together** and **once**
- We will develop, agree and uphold a **collective** and **consistent** narrative
- We will present a **united front** to regulators.

Looking forward

- We will **focus on what is possible** going forwards, and not allow the past to dictate the future
- We will be **open-minded** and willing to consider new ideas and suggestions
- We will show a willingness to **change the status quo** and demonstrate a positive 'can do' attitude
- We will be open to **conflict resolution**.

NHS
Staffordshire and
Stoke-on-Trent
Integrated Care Board

STAFFORDSHIRE AND STOKE-ON-TRENT INTEGRATED CARE BOARD
CONFLICTS OF INTEREST REGISTER 2025-2026
INTEGRATED CARE BOARD (ICB)
AS AT 05 NOVEMBER 2025

Key
Declaration completed for financial year 2025/2026
Declaration for financial year 2025/2026 to be submitted

Note: **Key relates to date of declaration**

Date of Declaration	Title	Forename	Surname	Role	Organisation	1. Financial Interest	2. Non-financial professional interests	3. Non-financial personal interests	4. Indirect interests	5. Actions taken *to mitigate identified conflicts of interest*
20th September 2024	Dr	Buki	Adeyemo	Chief Executive Officer	North Staffordshire Combined Healthcare Trust (NSCHT)	Nothing to declare	1. Board of Governors University of Wolverhampton (ongoing) 2. Mental Health Network, NHS Confederation, NHS CEO Representative (ongoing)	Nothing to declare	Nothing to declare	(h) interest recorded on the Conflicts Register
15th July 2024	Mr	Nadeem Tony	Ahmed	ICB Participatory (non-voting) member	Staffordshire and Stoke-on-Trent Integrated Care Board	1. Director of Dentaire Ltd and TT Partners Ltd, Principal dentist at Dentaire Dental Care (ongoing)	1. Chair of Local Dental network - Shropshire and Staffordshire (ongoing)	Nothing to declare	1. Brother is an ENT surgeon and head of department at QE Hospital Birmingham (ongoing)	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) interest recorded on the Conflicts Register.
5th September 2025	Ms	Helen	Ashley	Director of Strategy / Deputy CEO	University Hospitals of North Midlands NHS Foundation Trust (UHNM)	Nothing to declare	Nothing to declare	Nothing to declare	Nothing to declare	No action required
12th September 2024	Mr	Neil	Carr OBE	Chief Executive Officer	Midlands Partnership University NHS Foundation Trust (MPFT)	1. CEO of MPFT (ongoing)	1. Member of ST&W ICB (ongoing)	1. Fellow of RCN (ongoing) 2. Doctor of University of Staffordshire (ongoing) 3. Doctor of Science Keele University (Honorary) (ongoing) 4. Visiting Professor - Wagner College, New York (ongoing)	Nothing to declare	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on conflicts register.
17th July 2025	Dr	Joanna	Chan	Primary Care Partner Member	Staffordshire and Stoke-on-Trent Integrated Care Board	1. GP Partner at Dale Medical Practice (2003 - ongoing) 2. Clinical Director, Seisdon PCN (2019 - ongoing) 3. Director of GP First PCN Limited (2019 - ongoing)	1. GP Clinical Champion Staffordshire Training Hub (2023 - ongoing)	Nothing to declare	Nothing to declare	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company (h) Recorded on CCG Conflicts Register.
28th April 2025	Mr	Simon	Constable	Chief Executive	University Hospitals of North Midlands NHS Foundation Trust (UHNM)	Nothing to declare	1. Lay Member of Keele University Council (April 2025 - four-year term, 10-12 days per year)	Nothing to declare	Nothing to declare	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on CCG conflicts register.
13th September 2024	Mrs	Claire	Cotton	Director of Governance	University Hospitals of North Midlands NHS Foundation Trust (UHNM)	1. Employee of University Hospital of North Midlands NHS Trust (UHNM) (2000 - ongoing)	Nothing to declare	Nothing to declare	Nothing to declare	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on CCG conflicts register.
8th April 2025	Dr	Elizabeth	Disney	Chief Transformation Officer	Staffordshire and Stoke-on-Trent Integrated Care Board	Nothing to declare	Nothing to declare	Nothing to declare	1. Brother is Clinical Lead and Consultant at UHNM (1st September 2024 to date). 2. Brother's partner is owner-operator of Nature and Nurture Psychology, a child and family psychology service based in Staffordshire (November 2024 - ongoing)	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on the conflicts register.
2nd April 2025	Dr	Paul	Edmondson-Jones	Interim Chief Executive	Staffordshire and Stoke-on-Trent Integrated Care Board	1. Employed session a week (0.1 wte) by MPFT as Head of SSoT PH Alliance (as a locum public health consultant) (June 2024 - ongoing)	1. Fellow of the Faculty of Public Health (FFPH) and registered with the GMC (December 2022 - ongoing)	Nothing to declare	Nothing to declare	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on conflicts register.
1st April 2025	Mrs	Lisa	Ellis	Executive Support Officer	Staffordshire and Stoke-on-Trent Integrated Care Board	Nothing to declare	Nothing to declare	Nothing to declare	Nothing to declare	No action required
17th April 2025	Ms	Claire	Finn	Chief Finance Officer	Staffordshire and Stoke-on-Trent Integrated Care Board	Nothing to declare	Nothing to declare	1. Trustee of Newfield Charity - no link to SSOT (ongoing) 2. HFMA Branch committee member (ongoing)	1. Family member works for 360 assurance (not director) - hosted NHS provider carrying out internal audit services for the NHS – do not currently provide any service to SSOT. (ongoing)	(h) Interests recorded on the conflicts register.
4th January 2024	Mr	Patrick	Flaherty	Chief Executive Officer and ICB Board Member	Staffordshire County Council	1. Chief Executive Officer of Staffordshire County Council (July 2023 - ongoing)	Nothing to declare	Nothing to declare	Nothing to declare	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on ICB conflicts register.
15th October 2025	Mr	Ian	Green	Chair - ICB Board	Shropshire Telford and Wrekin ICB and Staffordshire and Stoke-on-Trent ICB	1. Chair, Salisbury NHS Foundation Trust (February 2023 - April 2025) 2. Chair, NHS Wales Joint Commissioning Committee (April 2024 - ongoing) 3. Non-Executive Director, South Central Ambulance NHS FT (June 2020 - end Autumn 2025) 4. Chair, Estuary Housing Association (No dealings with the NHS) (January 2023 - ongoing)	Nothing to declare	Nothing to declare	Nothing to declare	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on CCG conflicts register.

Date of Declaration	Title	Forename	Surname	Role	Organisation	1. Financial Interest	2. Non-financial professional interests	3. Non-financial personal interests	4. Indirect interests	5. Actions taken *to mitigate identified conflicts of interest*
8th May 2025	Mrs	Julie	Houlder	Non-Executive Member	Staffordshire and Stoke-on-Trent Integrated Care Board	1. Chair of Derbyshire Community Health Foundation Trust (January 2023 - ongoing) 2. Associate Charis Consultants Ltd (January 2019 - ongoing) 3. Owner Craftykin Limited (July 2022 - ongoing) 4. Owner of Elevate Coaching (October 2016 - ongoing)	1. Director Windsor Academy Trust (January 2019 - ongoing)	Nothing to declare	Nothing to declare	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on ICB conflicts register
1st April 2025	Mr	Chris	Ibell	Chief Digital and Information Officer	Staffordshire and Stoke-on-Trent Integrated Care Board	Nothing to declare	Nothing to declare	Nothing to declare	Nothing to declare	No action required
30th July 2025	Ms	Mahishmi	Irvine	Chief People Officer	Staffordshire and Stoke-on-Trent Integrated Care Board	Nothing to declare	Nothing to declare	1. YMCA Trustee (September 2023 - ongoing)	Nothing to declare	(h) recorded on conflicts register.
16th October 2025	Mrs	Heather	Johnstone	Chief Nursing and Therapies Officer	Staffordshire and Stoke-on-Trent Integrated Care Board	Nothing to declare	1. Visiting Fellow at Staffordshire University (March 2019 - March 2028 ongoing)	1. Volunteer with Girl Guiding UK (September 2025 - ongoing)	1. Spouse is employed by UHB at Heartland's hospital (2015 - ongoing) 2. Daughter is Marketing Manager for Voyage Care LD and community service provider (August 2020 - ongoing) 3. Brother-in-law works for Optima Health and UHNM (ongoing) 4. Grandson has autism, has an EHCP and is a	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on conflicts register.
25th July 2024	Mr	Shokat	Lal	Non-Executive Member	Staffordshire and Stoke-on-Trent Integrated Care Board	Nothing to declare	1. Member of the Black Country Integrated Care Partnership through day job at Sandwell Council (ongoing)	Nothing to declare	Nothing to declare	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on conflicts register.
21st July 2025	Mr	Mike	Lawton	Non-Executive Member	Staffordshire and Stoke-on-Trent Integrated Care Board	1. Employment with Black Country Housing Group (May 2024 - ongoing) 2. Employment with EMH Group, Leicester (March 2024 - ongoing)	Nothing to declare	Nothing to declare	1. Wife works as Specialist BMS in Pathology Lab UHNM (2024 - ongoing) 2. Son-in-Law works in procurement as a buyer for UHNM (2024 - ongoing) 3. Daughter works as a Pharmacist Trainer for Boots based in Nottingham (2024 - ongoing)	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on conflicts register.
23rd April 2025	Ms	Anna	Mather	Healthwatch Staffordshire Manager	Healthwatch Staffordshire	Nothing to declare	Nothing to declare	Nothing to declare	Nothing to declare	No action required
16th May 2025	Ms	Siobhan	Reilly (Heafield)	Non-Executive Member	Staffordshire and Stoke-on-Trent Integrated Care Board	Nothing to declare	1. Trustee at Beth Johnson Foundation Charity (Sept 2023 - ongoing)	Nothing to declare	1. Partner is NHSE employee – Midlands Director of Performance (2007 - ongoing)	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on conflicts register.
9th April 2025	Mrs	Tracey	Shewan	Director of Corporate Governance	Staffordshire and Stoke-on-Trent Integrated Care Board	Nothing to declare	1. I sometimes do shifts for MPFT that I am not paid for, last shift February j2023 (ongoing)	Nothing to declare	1. Sibling is a registered nurse with MPFT (July 2022 - ongoing) 3. Daughter works for West Midlands Ambulance Service (WMAS) (July 2022 - ongoing)	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on conflicts register.
23rd September 2025	Mr	Phil	Smith	Chief Delivery Officer	Staffordshire and Stoke-on-Trent Integrated Care Board	Nothing to declare	Nothing to declare	Nothing to declare	Nothing to declare	No action required
15th October 2025	Mr	Simon	Whitehouse	ICB Chief Executive	Shropshire Telford & Wrekin ICB & Staffordshire and Stoke-on-Trent ICB	1. ICB Chief Executive of Shropshire, Telford and Wrekin (January 2022 - ongoing) 2. Staffordshire and Stoke-on-Trent ICB CEO (October 2025 - ongoing)	Nothing to declare	1. Trustee for the Port Vale Football Club Foundation Trust (January 2022 - ongoing)	1. Spouse is a senior staff nurse at University Hospitals of North Midlands (January 2022 - ongoing)	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on the conflicts register.
14th May 2025	Mr	Paul	Winter	Associate Director of Corporate Governance and DPO	Staffordshire and Stoke-on-Trent Integrated Care Board	Nothing to declare	Nothing to declare	Nothing to declare	Nothing to declare	No action required

ANY CONFLICT DECLARED THAT HAS CEASED WILL REMAIN ON THE REGISTER FOR SIX MONTHS AFTER THE CONFLICT HAS EXPIRED

1. Financial Interest *(This is where individuals may directly benefit financially from the consequences of a commissioning decision, e.g. being a partner in a practice that is commissioned to provide primary care services)*
2. Non-financial professional interests *(This is where an individual may benefit professionally from the consequences of a commissioning decision e.g., having an unpaid advisory role in a provider organisation that has been commissioned to provide services by the ICB)*
3. Non-financial personal interests *(This is where an individual may benefit personally, but not professionally or financially, from a commissioning decision e.g. if they suffer from a particular condition that requires individually funded treatment)*
4. Indirect interests *(This is where there is a close association with an individual who has a financial interest, non-financial professional interest or a non-financial personal interest in a commissioning decision e.g. spouse, close relative (parent, grandparent, child etc) close friend or business partner*
5. Actions taken *to mitigate identified conflicts of interest*
(a) Change the ICB role with which the interest conflicts (e.g. membership of an ICB commissioning project, contract monitoring process or procurement would see either removal of voting rights and/or active participation in or direct influencing of any ICB decision)
(b) Not to appoint to an ICB role, or be removed from it if the appointment has already been made, where an interest is significant enough to make the individual unable to operate effectively or to make a full and proper contribution to meetings etc
(c) For individuals engaging in Secondary Employment or where they have material interests in a Service Provider, that all further engagement or involvement ceases where the ICB believes the conflict cannot be effectively managed
(d) All staff with an involvement in ICB business to complete mandatory online Conflicts of Interest training (provided by NHS England), supplemented as required by face-to-face training sessions for those staff engaged in key ICB decision-making roles
(e) Manage conflicts arising at meetings through the agreed Terms of Reference, recording any conflicts at the start / throughout and how these were managed by the Chair within the minutes
(f) Conflicted members to not attend meetings, or part(s) of meetings: e.g. to either temporarily leave the meeting room, or to participate in proceedings but not influence the group's decision, or to participate in proceedings / decisions with the agreement of all other members (but only for immaterial conflicts)
(g) Conflicted members not to receive a meeting's agenda item papers or enclosures where any conflict arises
(h) Recording of the interest on the ICB Conflicts of Interest/Gifts & Hospitality Register and in the minutes of meetings attended by the individual (where an interest relates to such)
(i) Other (to be specified)

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

Staffordshire and Stoke-on-Trent Integrated Care Board

HELD IN PUBLIC

Thursday 18th September 2025 1.00pm – 3.30pm

North Staffordshire Combined Healthcare NHS Trust, Board Room, Lawton House, Bellringer Road, Trentham, Stoke-on-Trent

Members:	**Quoracy**	**15/05/2025**	**17/07/2025**	**18/09/2025**	**20/11/2025**	**15/01/2026**	**19/03/2026**
David Pearson (DP) Chair Staffordshire & Stoke-on-Trent ICB	Over 50% of the quantum (nine out of seventeen members) with there being an equitable balance to represent that of a Unitary Board, split between proportions of Executive, Non-Executive and Partner Members, including: • the Chief Executive plus one other Executive Director (from CFO, CTO, CDO) • either the Medical Director (CMO) or the Director of Nursing & Therapies (CNTO) • three Independent Members: i.e. Chair plus two Non-Executive Members • three Partner Members: with ideally at least one from each of the three cohorts	Y	Y	Y			
Dr Paul Edmondson-Jones (PEJ) Interim Chief Executive Officer, Staffordshire & Stoke-on-Trent ICB (Interim CEO as from 15th July 2025)		Y	Y	Y			
Claire Finn (CF), Chief Finance Officer, Staffordshire & Stoke-on-Trent ICB (commenced in post as from 1st June 2025)		Y	Y	Y			
Phil Smith (PS) Chief Delivery Officer, Staffordshire & Stoke-on-Trent ICB		Y	Y	Y			
Heather Johnstone (HJ) Chief Nursing and Therapies Officer, Staffordshire & Stoke-on-Trent ICB		X	Y	Y			
Dr Rachel Gallyot (RG) Interim Chief Medical Officer, Staffordshire & Stoke-on-Trent ICB (Interim Chief Medical Officer as from 15th July 2025)			Y	Y			
Elizabeth Disney (ED) Chief Transformation Officer, Staffordshire & Stoke-on-Trent ICB		Y	Y	Y			
Julie Houlder (JH) Non-Executive Member, Staffordshire & Stoke-on-Trent ICB		Y	Y	Y			
Shokat Lal (SL) Non-Executive Member, Staffordshire & Stoke-on-Trent ICB		Y	Y	A			
Josephine Spencer (JS) Non-Executive Member, Staffordshire & Stoke-on-Trent ICB		Y	Y	A			
Mike Lawton (ML) Non-Executive Member, Staffordshire & Stoke on Trent ICB		X	Y	Y			
Siobhan Heafield (SH) Non-Executive Member, Staffordshire & Stoke on Trent ICB (commenced in post as from 7th July 2025)			Y	Y			
Jon Rouse (JR) Chief Executive, City of Stoke-on-Trent Council		Y	Y	A			
Patrick Flaherty (PF) Chief Executive, Staffordshire County Council		X	X	X			
Dr Simon Constable (SC) Chief Executive Officer, University Hospitals of North Midlands NHS Trust		X	Y	Y			
Neil Carr (NC) Chief Executive, Midlands Partnership NHS University Foundation Trust		Y	X	A			
Dr Buki Adeyemo (BA) Chief Executive, North Staffordshire Combined Healthcare NHS Trust		Y	Y	Y			
Participant Members:							
Simon Fogell (SF) Stoke-on-Trent Healthwatch		X	X	Y			
Anna Mather (AM) Healthwatch Support Staffordshire		Y	Y	Y			
Tracey Shewan (TS) Director of Communications, Staffordshire & Stoke-on-Trent ICB		Y	Y	Y			
Mish Irvine (MI) Chief People Officer, Staffordshire & Stoke-on-Trent ICB		Y	X	Y			
Chris Ibell (CI) Chief Digital Officer, Staffordshire & Stoke-on-Trent ICB		Y	Y	A			
Paul Winter (PW) Associate Director of Corporate Governance & DPO, Staffordshire & Stoke-on-Trent ICB		Y	Y	Y			
Dr N Tony Ahmed (TA) Dental Participant Board Member		Y	Y	Y			
Dr J Chan (JC) Primary Care Service Parter Member		Y	Y	Y			

In attendance:							
Alex Brett (AB) Chief People Officer, Midlands Partnership NHS University Hospital			Y	A			
Gemma Treanor (GT) Head of ICS People Function, Staffordshire & Stoke on Trent ICB			Y	X			
Stephen Gunther (SG) Corporate Director : Public Health, Protection and Wellbeing			Y				
Claire Cotton (CC) Director of Governance, University Hospital of North Midlands			Y	A			
Liz Lockett (LL) Deputy Chief Executive & Chief Nurse, Midlands Partnership NHS University Foundation Trust				Y			
Lisa Ellis (LE) Executive Support Officer, Staffordshire and Stoke on Trent ICB (minutes)		Y	Y	A			
Sara Rogers (SR) Senior Corporate Services Manager, Staffordshire and Stoke-on-Trent ICB (minutes)				Y			

		Action
1.	**Welcome and Introductions**	
	DP welcomed attendees to the ICB Public Board meeting and advised that it was a meeting being held in public to allow the business of the Board to be observed and members of the public could ask questions on the matters discussed at the end of the meeting. The meeting is being recorded and will be available on the ICB website after the meeting.	
	Apologies	
	Apologies were received from: Neil Carr – represented by Liz Lockett, Josie Spencer, Shokat Lal, Chris Ibell, Jon Rouse and Claire Cotton.	
	Confirm Quoracy	
	DP confirmed that the meeting was quorate.	
2.	**Leadership Compact**	
	DP reminded members of the importance of the Leadership Compact document which was used in all the meetings transacted by the ICB and guides the way business is conducted.	
3.	**Conflicts of Interest**	
	Members confirmed there were no conflicts of interest in relation to items on the agenda other than those listed on the register.	
4.	**Minutes of the Meeting held on 17th July 2025**	
	The minutes of the meeting held on 17th July 2025 were **AGREED** as an accurate record of the meeting and subject to the amendment below, were therefore **APPROVED.** HJ advised that page 12 of the Minutes requires amendment to accurately reflect that the Board ratified the decisions made by the Quality & Safety Committee regarding the amendment of certain policies.	
5.	**Action log**	
	Action log reviewed and updated accordingly.	
6.	**Questions submitted by members of the public in advance of the meting**	

Ian Syme - The ICB quality report points to SEND 0- to 25-year-old population numbers in the ICB being 35,464 or approximately 11% of that, 0- to 25-year-old age group. In England, the entire SEND receiving support is a problem. Approximately 14.2% are all the 35,464 identified individuals out of Para 4 point receiving support?

ED explained that the figure includes all children and young people who are awaiting special educational needs (SEND) support, as well as those with an Education, Health and Care Plan (EHCP). The term "special educational needs support" refers to the assistance provided by schools prior to any application for an EHCP needs assessment. The data is based on information recorded in school SEND registers. As such, there is a reliance on data collected at the school level, which is then used to compare the number of children receiving SEND support with those who subsequently undergo a care needs assessment and ultimately, those who are issued an EHCP.

Ian Syme - The second one is around individuals entitled to educational health and care needs assessment that may be further entitled to an education and healthcare plan. It is statutory requirement of 20 weeks to provide the BHC one and the HDNA is requesting experience. In England as a whole 54% of EHCPs breach statutory requirement 20 weeks, national figure is disturbing. However, more concerned about the Staffordshire figures. In Staffordshire, 63.7%, are not completed within 20 weeks in Stoke 67.3 are not completed in 20 weeks. Therefore, how many children and young people within each local authority have completed EHC plans and how many children and young people within each LA are presently waiting longer than 20 weeks?

ED explained that the number of children and young people with completed Education, Health and Care Plans (EHCPs) is based on data held by local authorities, with the most recent full dataset collected in January. At that time, there were 3,405 completed EHCPs in Stoke and 8,461 in Staffordshire. In relation to waiting times, more up-to-date data shows that currently 69% of children in Stoke and 27% in Staffordshire are waiting longer than 20 weeks for an EHCP, an improvement compared to the January figures. ED acknowledged the national challenges surrounding the timeliness of EHCPs, which are currently under parliamentary review, but highlighted that locally there is a strong commitment to improvement through recovery plans monitored by Ofsted, NHSE and CQC. A key focus area for reducing delays is improving the timeliness of input from educational psychology professionals, whose contributions are critical to the overall effectiveness and speed of the EHCP process.

Ian Syme - Question relating to the Performance and Finance Report and children and young people and autism assessments, the mean wait for autism assessments is now 80 weeks, the ICB plan being 40 weeks. How many children and young people within the ICB are getting an autism assessment within the Nice timescale of three months.

ED responded that, as the question was only submitted the previous day, further data collection is required to provide a comprehensive response. Preliminary data from April indicates that 38 assessments were completed during that month, of which only three were completed within the required three-month timescale. ED acknowledged the need to expand the dataset and confirmed that a more complete and detailed response can be provided once there has been sufficient time to review and analyse the full data available.

Ian Syme - How many children in the ICB catchment area are awaiting an autism assessment?

ED reported that, as of April 2025, the point at which the most recent complete dataset was available, there were 4,070 cases recorded. An updated figure can be provided as more recent data becomes available.

Ian Syme - Given that there are identified wait times for Autism Assessment are all children on the 'Waiting List' for the assessment consigned a Case Co-ordinator within an Autism Team whose duties are identified within NICE CG 128 para 1.5.3?

	ED explained that not all children and young people are assigned a dedicated case coordinator due to significant demand and current staffing capacity. Instead, a multidisciplinary team (MDT) and "waiting well" approach is in place to support those awaiting autism assessments. In North Staffordshire and Stoke-on-Trent, this approach is delivered through local service providers, primarily the Combined Healthcare Trust, which works closely with families during the waiting period. The assessment service maintains contact with families, connecting them to wider support systems and a liaison support service is also available to offer additional guidance and assistance. A similar MDT model is implemented in South Staffordshire, where team members are allocated to support families, though not through a single designated coordinator. ED noted a substantial increase in referrals, rising by 32% from 1,993 in June 2024 to 2,635 in June 2025. Despite these pressures, both commissioning and provider organisations are actively addressing the growing demand and have begun to make progress in reducing waiting times. BA emphasised the importance of maintaining oversight and ongoing support for individuals while they are waiting for assessments. It was noted that, although someone may be waiting for an autism assessment, it is uncommon for this to be their only area of need. In many cases, individuals are also receiving support for other concerns and may be on additional service lists. This highlights the necessity of a holistic and coordinated approach to care during the waiting period.	
7.	**ICB Chair and Chief Executive Report**	
	Members received and noted the report which provided a strategic overview and update on national and local matters relevant to the Staffordshire and Stoke-on-Trent health and care system. DP informed members that, as previously outlined in his June letter to the Regional Director, he will be stepping down as Chair of the Staffordshire and Stoke-on-Trent ICB at the end of November 2025. He confirmed that Ian Green OBE, Chair of Shropshire, Telford and Wrekin ICB, will succeed him from 1 November. While both ICBs will remain separate statutory bodies, they will begin working together to advance strategic commissioning arrangements. DP welcomed Ian Green's appointment as Cluster Chair, recognising his experience in both the health and third sectors and wished him every success in the role. As this was his final public Board meeting, DP formally expressed his sincere gratitude to Board members and partners for their support during his tenure, adding that it had been a tremendous privilege to serve as Chair and extending his best wishes to the Board and staff for the future. DP further advised that the recruitment process for the Cluster Chief Executive Officer is currently underway and a preferred candidate has been identified. However, the appointment remains subject to final approval by NHS England (NHSE). DP acknowledged that colleagues from University Hospitals of North Midlands NHS Foundation Trust (UHNM) and University Hospitals of Derby and Burton (UHDB) have been shortlisted for the 2025 Health Service Journal (HSJ) Awards. DP also extended his congratulations to all organisations rated under the NHS Oversight Framework. He gave recognition to North Staffordshire Combined Healthcare NHS Trust (NSCHT) and Midlands Partnership University NHS Foundation Trust (MPFT), which were ranked first and second respectively in the national non-acute hospital trust league table. PEJ highlighted the following key areas to members: • **Winter Plan**: Twenty local primary care events have taken place across Staffordshire and Stoke-on-Trent to help residents prepare for winter. At one event alone, over 400 free winter health bags were distributed, containing information and resources to help people stay warm, healthy, and informed during the colder months. • **Weight Management Hubs**: These are being launched throughout September, with six hubs located in Stoke-on-Trent and eleven in Staffordshire. The hubs will operate on a call-forward basis and adhere strictly to NICE guidance.	

- **Finance**: When the original finance plan was submitted, the system faced an unmitigated financial risk of just under £100 million. This risk has since been significantly reduced to £25 million as of month 5.
- **Quality Impact Assessment (QIA)**: NHS England has completed a quality assurance review of the ICB's QIA process. The outcome provided "significant assurance" that the process is both robust and sustainable.
- **Winter Flu Vaccinations**: Flu vaccinations began in September for children and pregnant women. Vaccinations for the wider population will commence in October.

JH raised several queries regarding recent initiatives. She asked for clarification on the locations of the primary care events and whether their placement considered addressing health inequalities. She also inquired whether there were opportunities to incorporate additional services, such as wellness checks for blood pressure. Reflecting on a recent visit to a 111-call centre, JH questioned whether data is being captured on call outcomes, specifically where patients are being signposted and whether this information is used to assess the impact on reducing A&E attendances. Finally, JH welcomed the introduction of the weight management hubs but queried the potential impact of rising costs on NHS service delivery in this area.

RG responded that the primary care events were strategically located to provide broad and inclusive coverage across the area. These events were designed not only to support winter preparedness but also to serve as opportunities for wider engagement with the public. Alongside promoting key messages around warmer homes and vaccination, the events also aimed to raise awareness of opportunities for health checks and other preventative measures. The intention was to make each interaction as meaningful and comprehensive as possible, supporting individuals in maintaining their health and wellbeing throughout the winter period.

PS reported that data is available regarding NHS 111 calls, providing insight into the nature of the calls and the services to which patients are subsequently directed. He noted an increase in the number of calls resulting in referrals to the ambulance service. However, he acknowledged that it remains challenging to determine the underlying reasons for this trend.

Board Members:

- **Received** the report and were assured that the leadership team are working on each topic as raised.

8.	**System Winter/Surge Plan**	

Members received and noted the report which sought approval of the System Winter Plan 25/26 and of the NHS England ICB Board Assurance Statements which are for submission to NHS England.

PS highlighted to members that there has been strong and comprehensive engagement from all system partners in the development of this year's winter plan. The plan reflects significant collaborative work and builds on lessons learned from the challenges of last winter, which saw critical incidents, extended ambulance handover and response times and system-wide pressures. While there have been notable improvements and a refreshed UEC Improvement Plan with progress in national metrics, variability in delivery remains a concern, especially heading into a period of increased demand. This year's planning approach has been more holistic and forward-looking, aligning with long-term strategic ambitions and starting much earlier than in previous years. The system faces continued financial constraints, necessitating that investments deliver clear value for money and impact. NHS England has supported the planning process through visits and regional stress testing exercises, which have provided valuable learning and external assurance. Feedback has highlighted strong system-level ownership and leadership cohesion, though concerns remain around modelling assumptions and scheme deliverability. The plan is still being refined, with governance processes ongoing and financial implications yet to be fully reconciled. Full ratification by the Board is expected in November. Innovations such as the Integrated Care Coordination Centre and plans to deploy an X-ray car this winter demonstrate commitment to enhancing service delivery and avoiding unnecessary hospital admissions. The increased leadership role of ICBs and provider collaboratives is noted, with future planning expected to explore further opportunities at cluster level.

HA provided further context, noting that following a challenging winter, the team has engaged in a continuous cycle of review and learning, culminating in a system-wide learning event in May, which marked the start of winter planning for this year. Planning commenced in June, grounded in the question, "What does a good winter look like?" with a focus on improving key metrics to ensure high-quality, safe care for patients. While capacity is a key element, the plan also emphasises transformational ambitions and system-wide innovation. Governance arrangements have been strengthened through the introduction of a new oversight group within the UEC structure, meeting weekly with strong engagement from senior leaders across all system partners. This group oversees both capacity and enabling schemes, with a commitment to continue throughout the winter period. The plan is underpinned by thematic priorities, including improved ambulance response times, reduced handover and mental health delays, workforce sustainability and affordability. A strong emphasis on equality and staff wellbeing runs throughout. Operationally, the system benefits from a well-regarded Strategic Coordination Centre (SCC), recognised regionally. A key learning from last winter has informed enhanced operational oversight metrics, already shared and endorsed by NHS England, with plans to expand these further, such as incorporating paediatric indicators, to strengthen early identification of risks and support proactive system responses.

JH queried how the regional oversight arrangements have directed the form of the plan and if there are any financial implications associated. PS emphasised that the message from the region is clear: the system must balance financial sustainability with the delivery of a safe and effective winter response. This includes maintaining adequate capacity, avoiding unnecessary harm and ensuring the best possible outcomes for patients. PS acknowledged the significant challenge in achieving this balance, particularly given the current pressures and stressed the importance of the Board and wider system working collectively to navigate these complexities.

SH noted that the paper had been presented at the Quality Meeting the previous day and reflected on the discussions held. While acknowledging that capacity alone is not the sole solution, SH highlighted that having sufficient capacity does provide the necessary headroom to explore and implement innovative approaches, many of which may not require significant financial investment. Given current performance metrics such as length of stay and discharge delays, SH queried whether there are any plans to undertake rapid improvement work in these areas. Such efforts could create immediate operational space and enable the system to trial more innovative, alternative ways of working. PS responded that the plan must encompass a combination of additional physical capacity, new initiatives, transformational change and doing things differently. Equally important are improvements in efficiency and productivity, alongside ensuring that clinicians are supported at every stage of the care pathway to enable effective decision-making.

ML commended the quality and collaborative development of the plan, noting that it is well constructed. However, ML emphasised that the critical challenge now lies in successful delivery, particularly within the agreed budget. ML highlighted the complexity of the plan and the substantial work undertaken to establish actions and performance mitigations. A key concern raised was the risk of strategic misalignment, where individual components and volume standards may not fully support each other despite well-intentioned efforts. ML stressed the importance of clear communication across the system to ensure cohesion and alignment in implementation. SC emphasised the value of starting the winter planning process significantly earlier this year compared to previous years, describing this proactive approach as a positive step forward. SC noted that the recent winter assurance meeting demonstrated how lessons from last winter have been fully integrated into the current planning process. During detailed reviews with NHS England, the plan was shown to be well-joined up across all elements, reflecting a more cohesive and coordinated approach than in previous years. SC expressed confidence that the system is better prepared however it will be important to maintain agility, with clear escalation processes and contingency strategies in place should the plan not deliver as intended.

TS advised that the communications plan includes public messaging to encourage self-care and appropriate use of services, such as Pharmacy First and NHS 111. These messages will continue throughout the winter period to support the public in accessing care in ways that are beneficial to them while helping to reduce unnecessary pressure on frontline services.

JH queried whether public messages, such as those relating to asthma services, would be clear and accessible. PS confirmed that following the winter readiness events, the system is ensuring targeted communication towards the most vulnerable population groups, with a particular focus on care home residents and frail patients across the system.

Board Members:

- **Reviewed** and confirmed its **approval** of the system surge plan.
- **Reviewed the ICB Board Assurance Statements and confirmed its approval for submission to NHS England.**

9.	**SBAF Quarter 2 2025/2026 Report**

Members received and noted the report which set out the updated System Board assurance Framework (SBAF) for Quarter 2, 2025-26 which is submitted to the ICB Board for oversight and assurance. The SBAF has also been presented to or circulated offline to all ICB committees in September 2025.

TS informed members that the shift to bi-monthly boards aims to align with committee schedules and avoid repetition, supporting greater synchronisation and focus. Strategic risks remain high, reflecting the system's complexity and each committee is tasked with reviewing the rationale for these risk levels, evaluating progress and assessing the effectiveness of mitigations and controls. Committees must scrutinise actions detailed in each SBAF, including Q1 outcomes and Q2 planning, to ensure delivery and impact. If intended outcomes are not achieved, reasons and alternative actions must be considered. SBAF 1, particularly regarding winter planning into Q3, highlights this approach. Future board reports aim to be more impactful and accessible, focusing clearly on key system risks and assurances while maintaining transparency and accountability for public understanding and scrutiny.

ML noted that the document is valuable in helping ensure they remain on track and are fulfilling their responsibilities as intended.

Board members:

- **Endorsed and noted the recommendations made around the risk levels and assurance assessments for the SBAF.**

10.	**Quality and Safety Report**

Members received and noted the report which provided assurance to the ICB board regarding the quality, safety, experience and outcomes of services across the health economy.

HJ presented an update highlighting several key developments. The Quality Impact Assessment (QIA) process is being revised in line with updated NHS England and National Quality Board guidance. Despite ongoing organisational changes within the system, the team is progressing rapidly with its work. It was noted that funding for the Maternity & Neonatal Independent Senior Advocate (MNISA) role will cease in March 2026, prompting regional discussions on how to maintain this important function moving forward. While no immediate local providers are implicated in the upcoming Amos review, the system remains committed to maintaining high standards of maternity and safety care. Additionally, Patient Safety Day on 17 September focused on newborn and childcare, during which Heather Johnstone both opened the first GP Nursing Conference and contributed to the day's events.

Board members:

- **Were assured in relation to key quality assurance and patient safety activity undertaken in respect of matters relevant to all parts of the Integrated Care system.**

	Quality and Safety AAA Chairs Report	
	Members received and noted the report which provided an update on key escalation and discussion points from the Quality & Safety Committee held in August 2025. SH presented the report, highlighting ongoing collaborative work across system partners. The Quality Group has recently focused on issues such as out-of-area mental health placements, staff sickness and reviewed the diversity and inclusion report. The committee also received the "Right Care, Right Person" report, with the health elements set to undergo further independent review for shared learning. Additionally, the independent inquiry into the David Forward case concerning mortuary care was discussed, with members asked to implement recommended actions within their organisations and report back later in the year. Progress in All Age Continuing Healthcare was also noted, with the caseload at its lowest level in eight years as of June. DP inquired whether, following the publication of the Forward report, any external funeral service providers have been contracted for the removal of deceased individuals in instances where NHS facilities lack access to mortuary services. DP further sought assurance that the same level of scrutiny, governance and contractual standards has been applied to these external providers as would ordinarily be expected within NHS agreements. LL responded on behalf of MPFT, confirming that undertakers are contracted as part of arrangements at Haywood Hospital. This approach has been implemented and will be included in the forthcoming review to be presented to the Quality Group. LL noted that, within a mental health setting, the process differs slightly depending on whether the death is expected, with decisions often guided by the family's preferences in such cases. She confirmed that the relevant recommendations have indeed been applied. Board Members: • **Noted that the Quality & Safety committee had approved the Public Sector Equality Duty Equality Diversity & Inclusion Annual Report 2024/25.**	
11.	**Staffordshire and Stoke-on-Trent Health and Care Senate AAA Chairs Report**	
	Members received and noted the report which provided an update on key escalation and discussion points from the Staffordshire and Stoke-on-Trent Health and Care Senate held in August 2025. RG presented an update on several key initiatives. Regional discussions have focused on the Medicines Optimisation Group, with a target set to achieve 90% of drug switches within the year. Amendments to the excluded and restricted policy were highlighted, specifically regarding simple ear wax removal, aquatic and animal therapy and orthotics. These changes are reviewed by the Clinical Advisory Group and are supported by evidence-based interventions. Additionally, ongoing discussions within the Senate are addressing value-based healthcare, with collaborative efforts across all partners to roll out related programmes. RG also noted plans for a neighbourhood workshop aimed at linking Senate members and the wider community to the programme and its providers. Board Members: • **Noted** the Health and Care Senate AAA report and the items reported for escalation to the board.	
12.	**ICS Finance and Performance Report**	
	Members received and noted the report, which provided a summary of performance and finance as discussed at the System Performance Group (SPG) and System Finance & Performance Committee (SFPC). The report highlighted the status of key system metrics and aligned	

programme delivery with the Integrated Care System (ICS) Annual Operational Plan, as well as the month 4 finance position.

PS provided an update on system performance, noting that attendance and total waiting times are ahead of plan, with pathway completion above 18 weeks exceeding expectations by 4.7%. However, challenges remain with long wait cohorts, particularly those with 65-week waits, which are expected to persist until the end of the calendar year. While improvements have been made in orthopaedics, there are ongoing issues in ENT, gynaecology and ophthalmology. Diagnostics, particularly non-obstetric ultrasounds, remain a challenging area, but improvements in waiting lists and wait times are being seen due to additional capacity at UHNM and the use of Community Diagnostic Centres. Cancer performance remains strong and is being closely monitored. For UEC there has also been progress in reducing average handover times. Lastly, while virtual wards present challenges, a utilisation plan and a new respiratory pathway are in place to address these issues.

CF provided an update on the system's financial performance, reporting a planned deficit of £21m, which has been achieved despite an increased requirement for Cost-Improvement Programs (CIP) in July and August. Significant work has been done to reduce the initial £60m risk to £25m. CF highlighted the importance of the month 5 position, which will influence the national team's decision on deficit support funding eligibility, with the plan currently on track. The system expects to be notified by the end of September regarding the funding. While capital spending is behind plan, it is typical for this time of year and all organisations are forecasted to align with their allocation, with a detailed forecast required by the national team by the end of the month. CF also discussed ongoing planning for 2026/27, including three key elements: block values, a pilot scheme to understand trends and forecasting to inform next year's planning. Allocations are expected in October, with final submissions due in December. Additionally, a new ledger system, ISFE2, will be implemented on 1 October, with substantial efforts from the finance team to ensure a smooth transition.

JH inquired how strategic commissioning intentions are being incorporated into the planning process. CF advised that, in previous planning cycles, Integrated Care Boards (ICBs) were required to submit their commissioning intentions, detailing their approach to setting contracts and commissioning specifications. The national team has requested that this information be provided by the end of September.

JH inquired whether the transition or transfer of functions complicates this. ED advised that, although the process is more complex, the objective for September remains to develop strategic commissioning intentions informed by existing insights. ED noted that discussions will be undertaken with executive teams across Staffordshire and Stoke-on-Trent, as well as Shropshire, Telford and Wrekin, to establish a comparable approach. ED further emphasised that, as the system advances into phase two, a more detailed financial allocation will be necessary, alongside a clearer articulation of priorities across both systems.

ML underscored the critical importance of returning to the £95 million target, noting that the overall success of the system hinges on collective effort. Emphasis was placed on the need for accurate forecasting, consistent delivery, and effective collaboration. While recent progress was acknowledged, ML cautioned that these positive developments will be undermined if the deficit is not addressed, reinforcing the need to maintain a clear and sustained focus on this financial objective.

CF reiterated a final point for clarity, emphasising that successful delivery of the committed plan would provide the ICB with financial headroom in the following year. This is because the debt incurred in the current year would not require repayment, thereby alleviating additional financial pressure. CF stressed that it is therefore essential that every effort is made to ensure the plan is delivered effectively and robustly.

Board members:

- **Acknowledged** the performance overview.
- **Acknowledged** the financial position.

	Finance and Performance Committee AAA Chairs Report	
	Members received and noted the report which provided an update on key escalation and discussion points from the Finance and Performance Committees held in August 2025. CF presented the report as read and it was noted that there was no escalation to be alerted to the Board. Board Members**:** • **Received** and **noted** the report.	
	Finance and Performance Committee AAA Chairs Report	
	Members received and noted the report which provided an update on key escalation and discussion points from the Finance and Performance Committees held in September 2025. CF presented the report as read and it was noted that there was no escalation to be alerted to the Board. Board Members: • **Received** and **noted** the report.	
13.	**ICS People, Culture and Inclusion Committee Report**	
	Members received and noted the report which provided an update on FY25-26 in year workforce position, position to plan FY25026 and associated risk, challenges and mitigations. MI presented the report, highlighting that the month four figures exceeded the expected operational plan, primarily due to increased temporary staffing usage because of industrial action. The agency position remains low at 1.4%, with the system experiencing higher bank usage. Efforts are underway to work with organisations to better understand workforce controls, utilisation and to support the development of tools like dashboards. While overall metrics are positive, sickness rates remain high, particularly for stress and anxiety. At a recent committee meeting, discussions focused on improving sickness absence rates, with an emphasis on addressing mental health-related absences in future committee meetings. Board Members**:** • **Received** and **noted** the report.	
	ICB People, Culture and Inclusion Committee AAA Chairs Report	
	Members received and noted the report which provided an update on key escalation and discussion points from the People, Culture and Inclusion Committee held in June 2025. Board Members: • **Received** and **noted** the report.	
	ICB People, Culture and Inclusion Committee AAA Chairs Report	
	Members received and noted the report which provided an update on key escalation and discussion points from the People, Culture and Inclusion Committee held in September 2025. Board Members: • **Received** and **noted** the report.	
14.	**Staffordshire and Stoke-on-Trent ICB Strategic Commissioning and Transformation Committee AAA Chairs Report**	
	Members received and noted the report which provided an update on key escalation and discussion points from the Strategic Commissioning and Transformation Committee (SCTC) held in August 2025.	

	ML presented the report, which addressed the development of the new cluster organisation and the future operational model for clustered ICBs. The report highlighted the positive collaboration between colleagues from Shropshire, Telford and Wrekin ICB and those from Staffordshire and Stoke-on-Trent ICB in shaping the next steps. ML also noted that the tongue-tie service, currently delivered by the maxillofacial team at UHNM without a formal contract, will be transferred to the paediatric directorate. In relation to the recent maternity consultation, ML reported that there has been local media coverage, and the committee is actively monitoring the situation. Finally, ML confirmed that the financial position of the Primary Care Forum remains on track. Board members: • **Received** and **noted** the SCTC AAA report and the items that were approved.	
15.	**Staffordshire and Stoke on Trent ICB Remuneration Committee AAA Chairs Report**	
	Members received and noted the report which provided an update on key escalation and discussion points from the Remuneration Committee held in July 2025. ML presented the report to the Board. He informed members that the Committee had received a report concerning the performance and appraisal of Executive Board members. It was confirmed that the appraisal process had been conducted appropriately and in accordance with NHS England (NHSE) guidance, and that the outcomes of the process had been noted. Board members: • **Received** and **noted** the Remuneration AAA report.	
16.	**Items notified in advance to the Chair**	
	No items notified.	
17.	**Questions from the floor relating to the discussions at the meeting**	
	Ian Syme (IS) Q1 **IS asked how work was progressing with the maternity and neonatal voices partnership (MNVP), recognising that it should be representative of local women that reflect local demographics and the difficulty in recruiting.** HJ explained that the MNVP is continuing to work well however, longer term plans still need to be clarified. HJ added that the MNVP has a very capable Chair who is collaborating hard with communities to support recruitment, especially from some of the more seldom heard communities and that an additional MNVP post has been introduced on a short-term basis to focus specifically on neonatal services. In addition to the MNVP, the role of the Maternity & Neonatal Independent Senior Advocacy (MNISA) Service that has been introduced at UHNM, is to ensure “families’ voices are heard, listened to and acted upon” following adverse outcomes such as the death or serious injury of a baby or the mother during NHS care. Q2 **IS requested an update on maternity services at Queens Hospital Burton.** HJ reported that six of the eight CQC warning notices have now been removed and that in 2024, QHB asked for the remaining two to be removed. Feedback is still being awaited on from CQC and an update will be provided once it is available.	

	Q3 **IS commented on the fluctuating waiting lists for Non-Obstetric Ultrasound (NOUS) waiting lists and how many people are planned to go to the Community Diagnostic Centre at Cannock?** SC agreed the waiting lists for NOUS were unacceptable but that the numbers were coming down. He explained that as the ultrasounds use non-ionising radiation, they are often also used by other services. **ACTION:** PS advised that he would check the numbers of cohorts planned to go over to the Community Diagnostic Centre and commented on the need to strengthen the link between clinicians and primary care to ensure appropriate referrals were being made. **David Jones (DJ)** Q4 **DJ asked who would champion the patient voice on the ICB board following the demise of Healthwatch, who, at board leve, will champion, be a channel for and be responsible for the independent patient voice.** TS said that the closure of Healthwatch was only potential at this stage but that the ICB would continue to champion the patient voice and ensure Board-level representation. TS added that involvement was front and centre of both the NHS 10-year plan and the ICB Model Blueprint and that the ICB uses many different channels to capture different voices, as well as through its work with Healthwatch.	**PS**
18.	**Meeting Effectiveness**	
	The Chair confirmed that the meeting followed the Leadership Compact.	
19.	**Close**	
	There being no further business, the Chair closed the meeting.	
20.	**Date and time of Next Meeting**	
	Date and Time of Next Meeting Thursday 17th November 2025, 1.00pm – 3.30pm, Staffordshire County Council Chamber, County Buildings, Martin Street, Stafford, ST16 2DH.	

ACTION STATUS KEY
ACTION DUE
ACTION PENDING
ACTION COMPLETE

NHS
Staffordshire and
Stoke-on-Trent
Integrated Care Board

Staffordshire and Stoke-on-Trent ICB Board Meeting
HELD IN PUBLIC

Meeting Date	Agenda Item	Action	Due Date	Responsible Officer	Outcome/update (Completed Actions remain on the Live Action Log for the following committee and are then removed to the 'Closed Actions' Worksheet)
18th September 2025	17	IS commented on the fluctuating waiting lists for Non-Obstetric Ultrasound (NOUS) waiting lists and how many people are planned to go to the Community Diagnostic Centre at Cannock? SC agreed the waiting lists for NOUS were unacceptable but that the numbers were coming down. He explained that as the ultrasounds use non-ionising radiation, they are often also used by other services.	20/11/2025	Phil Smith	ACTION: PS advised that he would check the numbers of cohorts planned to go over to the Community Diagnostic Centre and commented on the need to strengthen the link between clinicians and primary care to ensure appropriate referrals were being made.

Staffordshire and Stoke-on-Trent Integrated Care System

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure No: 05

Report to:	**Integrated Care Board**					
Date:	**20 November 2025**					
Title:	**Reducing Harm from Inappropriate Prescribing of Opioids: Patient Story (Role of Peer Group Support in Managing Chronic Pain)**					
Presenting Officer:	Sharuna Reddy (Senior Medicines Optimisation Pharmacist) and Renee Larsen (Medicines Optimisation Pharmacist /Project Lead for SLA)					
Author(s):	Sharuna Reddy and Renee Larsen					
Document Type:	Other		If Other: System Quality Improvement Project			
Action Required (select):	**Information (I)**	☒	**Discussion (D)**	☒	**Assurance (S)**	☐
	Approval (A)	☐	**Ratification (R)**	☐	*(check as necessary)*	
Is the decision within SOFD powers & limits	**Yes / No**	Choose an item.				
Any potential / actual Conflict of Interest?	**Yes / No**	NO *If Y, the mitigation recommendations –* Click or tap here to enter text.				
Any financial impacts: ICB or ICS?	**Yes / No**	NO *If Y, are those signed off by and date:* Click or tap here to enter text.				
Appendices:	Click or tap here to enter text.					

1. Purpose of the Paper:

- Managing chronic non-cancer pain without opioids is one of the NHS national medicines optimisation opportunities and has been a central part of the National Medication Safety Improvement Programme for several years and also the ICB Medicines optimisation safety priority for the last three years.
- The purpose of this paper is to bring forward a patient story to illustrate the lived experience of pain management and the powerful role of peer support in enabling patients to live well.
- The paper highlights the current gap in community-based support and asks the board on the road map for the development of a sustainable peer-support offer (e.g. Pain Cafés) as part of the Integrated Care System's Prevention 10-Year Plan.

(1) History of the paper, incl. date & whether for A / D / S / I (as above):	**Date**
N/A	Click or tap to enter a date.

(2) Implications:	
Legal or Regulatory	The areas discussed reflect ICB Statutory Duties and Functions
CQC or Patient Safety	This report type may assist the 2024 ICS CQC inspection
Financial (CFO-assured)	N/A for the report, although the topics covered each have financial implications

Sustainability	N/A for the report
Workforce or Training	N/A – no specific training implications; workforce matters are inherent to each topic
Equality & Diversity	N/A in terms of Equality Act 2010 or Public Sector Equality Duty
Due Regard: Inequalities	Access to services and reducing inequalities is implicit throughout
Due Regard: wider effect	N/A – no decisions are required for the paper itself: it is to raise awareness

(3) Statutory Dependencies & Impact Assessments:

		Yes	No	N/A	Details
Completion of Impact Assessments:	**DPIA**	☐	☐	☒	*If N, why* Click or tap here to enter text. *If Y*, Reported to IG Group on Click or tap to enter a date.
	EIA	☐	☐	☒	Click or tap here to enter text.
	QIA	☐	☐	☒	*If N, why* Click or tap here to enter text. *If Y*, Approved by QIA Panel on Click or tap to enter a date.
Has there been Public / Patient Involvement?		☐	☐	☒	Click or tap here to enter text.

(4) Integration with the BAF & Key Risks:

BAF1	Responsive Patient Care - Elective	☐	**BAF5**	High Quality, Safe Outcomes	☐
BAF2	Responsive Patient Care - UEC	☐	**BAF6**	Sustainable Finances	☐
BAF3	Proactive Community Services	☐	**BAF7**	Improving Productivity	☐
BAF4	Reducing Health Inequalities	☐	**BAF8**	Sustainable Workforce	☐

(5) Executive Summary:

5a. Background

Staffordshire and Stoke-on-Trent (SSOTP) Integrated Care Board (ICB) is the sixth highest prescriber of opioids for pain relief in England; hence this has been a priority for adopting a whole system approach to reducing harm from opioid prescribing in non-cancer pain. There has been a systematic Quality Improvement process over a three-year period as described in the presentation.

5b. Patient Story (Vignette)

Lucy from (Burton area), was prescribed increasing doses of opioids from tramadol, codeine to morphine patches for fractured shoulder. She reported pain medication stopped working over time and leading to frustration and hopelessness. By participating in the pain management / peer group by Burton Albion Trust pilot it became a turning point in offering hope, confidence, practical support, group support and holistic approach to pain. She describes:

- On confidence and Progress: *"My energy levels have increased; I can take hour long walks* "
- On mindset: "*There is light at the end of the tunnel"*
- On group Support: "*The common ground is you've got pain, and our stories are basically the same* "
- On holistic approach: "*You can slowly see the increase in movements*"
- On empowerment: "*Keep asking questions and keep asking to be pointed in the direction of something other than your GP surgery or specialist"*

This testimony (video in presentation) powerfully demonstrates how peer support strengthens clinical interventions and enables people to live well alongside pain and becoming more empowered in managing chronic pain.

5c. Strategic Fit for development of Peer Support for Managing Chronic Pain in the Community

- Aligns with the ICB's Prevention 10-Year Plan:
- Personalised care- patient-centred, co-produced solutions.
- Health inequalities – reaching populations often excluded from traditional services.
- Prevention and resilience -Reducing reliance on opioids and supporting wellbeing.
- Supports the NHS Long Term Plan (2019) and NICE recommendations for chronic pain.

5d. Gaps in Current Provision

The problem

Patients suffering from chronic pain are often socially isolated and have limited contact or support for their conditions. The MSK and chronic pain services have complimentary services for complex patients, only a small number of patients go through the structured self-management programme. This leaves a large proportion of patients suffering from pain whilst medicated with long term opioids, that are proven to only reduce pain significantly in 10% of people with chronic pain. There is no ongoing support for patients to manage their pain in the community by non-medical biopsychosocial approach, 60% of all chronic pain suffers are socially isolated. Peer group provides a way of breaking this cycle and increases overall wellbeing in all areas economic, emotional, psychological and physical to live better with pain.

Current Provision and Need

In primary care, PCNs have invested in First Contact Physiotherapist, Health and Wellbeing coaches and Social Prescribers and Clinical Pharmacists. The pathway for them in supporting patients for chronic pain depends on the referrals and access to teams and skills within the teams. It is not unified and is often face to face episodic interventions rather than group-led or peer-led self-management groups.

Currently, additional provision in primary care for proactively reviewing patients on long term opioids for non-cancer pain is a pharmacist led SLA 25/26. The SLA aims to taper opioids for a small number of patients in the community, through a series of reviews with support on reducing opioids as well as signposting and/working through self-management strategies. However, patients do not have any community peer support, and patients may lack ongoing support and tools to sustain change, and hence there is a risk of relapse and isolation.

Also, the MSK and chronic pain services have complementary services, a small number of patients go through the structured self-management programme. The MSK service have also highlighted the need for a bridge in the community for peer group support for lesser complex patients who have graduated from their self-management programme. They see this as a wider approach in enhancing patient motivation with treatment plans and wellbeing.

The Pilot

The pilot with Burton Albion Trust and East PCN was a one-off, small-scale peer group pilot tested the model. It highlighted the benefits of using “skills not pills approach” similar to evaluated programmes such as in Cornwall (Pain cafes in Cornwall: Early Impact and Outcomes (Kevin Feaviour MSc. B.Ed. (Hons) FRSA).

We request some clarity on how this fits with the ICB long term strategic plan and where this needs to be highlighted to join up with wider partners with existing health services, Local Authority, People with lived experience, Voluntary sector to scope and progress this model.

5e. Road map

To make any progress within this complex arena of chronic pain and supporting people to live well with pain without opioids, it is proposed that a community-based intervention to scale up peer group i.e. “Pain cafes “would reduce the burden of harm and use of specialist and health and social services and complement the pharmacist deprescribing SLA and other health services. Recommendations include:

- Scope and develop a Pain Café model in partnership with existing pain services, VCSE organisations, co-produced with patients.

- Pain Cafés would provide:
  - -Peer support and shared lived experience
  - -Practical self-management education (aligned to NICE NG193)
  - -Social connection to reduce isolation
  - -Signposting to wider services and resources
  - -Be a bridge and continuity for lesser complex patients from the MSK pain self-management graduates.
  - -co-produced with the community and people with lived experience

- Begin with pilots in high-need localities, evaluate outcomes, and scale across the ICS.

5f. Benefits

The benefits are:

- Patients: Sustained opioid reduction, reduced loneliness, improved wellbeing.
- System: Reduced prescribing costs, lower GP and urgent care demand, improved outcomes.
- ICS objectives: Advances prevention, addresses inequalities, and embeds community.

We have 49 graduates of “Living Well With Pain - 10 Footsteps” training in the ICB. Some infrastructure has been developed in sharing the skills with patients but there is no mechanism to develop this into group led and peer led support. For sustainability, we need a platform to scope, existing or new commissioning plans or VCSE contracts to embed and align peer group support for pain management and scale up across the ICS.

In Summary:
The ICB has commissioned a pharmacist-led opioid deprescribing initiative as part of Medicines Optimisation Service Level Agreement (SLA) with general practice for 2025/26. The purpose being to support patients in primary care to review opioid prescribing for chronic pain to reduce harm and to support self-management strategies to help patient to live better alongside pain (rather than the unrealistic goal of being pain free). This is a significant intervention with the aim to reduce prescribing of opioids by 10% from baseline and improve patient outcomes.

Clinical deprescribing is most effective when patients also receive psychological, social, and community-based support to sustain changes. NICE guidance (NG193, 2021) and NHS England policy (2023) both emphasise the importance of non-pharmacological and community-based approaches in chronic pain management. At present, patients have no consistent peer support offer in the community, leaving them at risk of relapse, isolation, or loss of progress once opioids are tapered. This needs reimagining community support through peer group in the community for chronic pain.

(6) Recommendations to Board / Committee:

The Board is asked to:

1.Note the patient story and video illustrating the impact of peer support on deprescribing outcomes.

2.Recognise the identified gap in community-based peer support for people living with pain.

3.Strongly recommend the development of a Pain Café peer-support model as a community offer alongside the existing opioid deprescribing SLA and other commissioned services.

4.Support in identifying opportunities to integrate this into strategic planning for a community peer led offer in chronic pain to fund in targeted localities, with evaluation to inform wider rollout as part of the ICS Prevention 10-Year Plan.

Staffordshire and Stoke-on-Trent Integrated Care System

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure No: 06

Report to:	**Integrated Care Board**					
Date:	**20 November 2025**					
Title:	Chair and Chief Executive Officer Report					
Presenting Officer:	Ian Green, Chair, and Simon Whitehouse, CEO					
Author(s):	Ian Green, Chair, and Simon Whitehouse, CEO					
Document Type:	Report		If Other: Click or tap here to enter text.			
Action Required (select):	**Information (I)**	☒	**Discussion (D)**	☐	**Assurance (S)**	☐
	Approval (A)	☐	**Ratification (R)**	☐	*(check as necessary)*	
Is the decision within SOFD powers & limits	**Yes / No**	Choose an item.				
Any potential / actual Conflict of Interest?	**Yes / No**	NO *If Y, the mitigation recommendations –* Click or tap here to enter text.				
Any financial impacts: ICB or ICS?	**Yes / No**	NO *If Y, are those signed off by and date:* Click or tap here to enter text.				
Any impacts on ICB Undertakings?	**Yes / No**	NO *If Y, are those signed off by and date:* Click or tap here to enter text.				
Appendices:	Click or tap here to enter text.					

(1) Purpose of the Paper:

This report provides a strategic overview and update on national and local matters, relevant to the Staffordshire and Stoke on-Trent health and care system that are not reported elsewhere on the agenda.

It includes a general update from the Chair and Chief Executive as well as a specific focus on our portfolio areas, where applicable, as well as some of our enabling functions. Updates on the below areas may be included:

- Improving Population Health
- Planned Care and Cancer
- Children, Young People and Maternity
- Urgent and Emergency Care
- Community Transformation and Neighbourhood Health
- Mental Health, Learning Disabilities, Autism and Downs Syndrome
- Primary Care
- People Team
- Finance
- Provider Collaboratives
- Key figures from our population
- Quality and safety
- Vaccinations and immunisations

(2) History of the paper, incl. date & whether for A / D / S / I (as above):	Date
N/A	

(3) Implications:	
Legal / Regulatory	The areas discussed reflect ICB Statutory Duties and Functions
CQC / Patient Safety	This report type may assist the 2024 ICS CQC inspection
Financial (CFO-assured)	N/A for the report, although topics covered each have financial implications
Sustainability	N/A for the report
Workforce / Training	N/A no specific training implications / workforce matters inherent to each topic
Equality & Diversity	N/A in terms of Equality Act 2010 or Public Sector Equality Duty
Due Regard: Inequalities	Access to services and reducing inequalities is implicit throughout
Due Regard: wider effect	N/A – no decisions are required for the paper itself: it is to raise awareness

(4) Statutory Dependencies & Impact Assessments:

		Yes	No	N/A	Details
Completion of Impact Assessments:	**DPIA**	☐	☐	☒	*If N, why* Click or tap here to enter text. *If Y*, Reported to IG Group on Click or tap to enter a date.
	EIA	☐	☐	☒	Click or tap here to enter text.
	QIA	☐	☐	☒	*If N, why* Click or tap here to enter text. *If Y*, signed off by QIA on Click or tap to enter a date.
Has there been Public / Patient Involvement?		☐	☐	☒	Click or tap here to enter text.

(5) Integration with the BAF & Key Risks:

BAF1	Responsive Patient Care - Elective	☒	**BAF5**	High Quality, Safe Outcomes	☒
BAF2	Responsive Patient Care - UEC	☒	**BAF6**	Sustainable Finances	☒
BAF3	Proactive Community Services	☒	**BAF7**	Improving Productivity	☒
BAF4	Reducing Health Inequalities	☒	**BAF8**	Sustainable Workforce	☒

(6) Executive Summary, incl. expansion on any of the preceding sections:

(7) Recommendations to Board / Committee:

To receive the report and be assured the leadership are working on each topic as raised.

1.0 Chair and CEO Update

1.1 Appointment of Chief Executive for Clustered ICBs

As of 1 October 2025, Simon Whitehouse has been appointed as the new Chief Executive Officer of the ICB Cluster for NHS Shropshire, Telford and Wrekin and NHS Staffordshire and Stoke-on-Trent. Dr Paul Edmondson-Jones, who served as Interim Chief Executive Officer since July 2025, has reverted to the role of Deputy Chief Executive Officer for NHS Staffordshire and Stoke-on-Trent ICB. Under the new ICB cluster arrangements, both ICBs will remain separate statutory organisations at this stage but will increasingly operate with a single management team. This approach is designed to support shared innovation, the exchange of best practice, and a unified focus on improving outcomes for the populations served.

1.2 ICB Non-Executive Members

Josie Spencer and Julie Houlder have decided to step down from their roles as Non-Executive Members of the Staffordshire and Stoke-on-Trent Integrated Care Board. As the organisation moves towards a clustered arrangement with NHS Shropshire, Telford and Wrekin ICB, the non-executive members reviewed their positions and felt this was an appropriate time to step down.

Josie Spencer concluded her role as Chair of both the Quality and Safety Committee and Finance and Performance Committee at the end of October. Siobhan Heafield has been appointed as Non-Executive Chair of the Quality and Safety Committee, with her role commencing in November 2025. Mike Lawton has been appointed interim Chair of the Finance and Performance Committee, in addition to his role as Chair of the Strategic Commissioning and Transformation Committee.

Julie Houlder is working closely with Ian Green, Chair, to ensure a structured handover of the Audit Committee between now and the end of the financial year.

1.3 Medium-term planning framework

NHS England published the Medium-Term Planning Framework in October 2025, setting out its strategic direction for the three-year period from 2026/2027 to 2028/2029. The framework provides a structured approach to restoring service performance, reducing waiting times, and enabling local systems to lead transformation. It introduces a reformed financial regime to enhance productivity and incentivise out-of-hospital care, alongside a new operating model that strengthens integrated care systems and supports devolved oversight.

For Integrated Care Boards (ICBs), the framework emphasises co-production, collaboration, and community engagement. Systems are expected to align local plans with the framework's objectives and submit detailed operational trajectories across all service areas. Over the coming weeks, we will assess the implications for our local plans and embed the framework within our delivery and commissioning approach. This will guide much of our planning for the next cycle, enabling us to implement the key strategic shifts; prevention over sickness, digital-first care, and neighbourhood health models, to deliver sustainable improvements in population health and service outcomes.

1.4 NHS England request for action on racism, including antisemitism

NHS England have issued a call to action for all NHS organisations to reinforce their commitment to fostering an inclusive and respectful environment, with zero tolerance for antisemitism, racism, Islamophobia, and all forms of discrimination. NHS England is formally adopting the International Holocaust Remembrance Alliance (IHRA) working definition of antisemitism, in line with the UK Government and the Department of Health and Social Care (DHSC).

Organisations are urged to tackle all forms of hatred by updating uniform and workwear guidance and enhancing the mandatory 'Equality, Diversity and Human Rights' training module to include strengthened content on antisemitism and Islamophobia. Nationally, a new Statutory and Mandatory Training Competency Framework will replace the Core Skills Training Framework by April 2026, embedding these commitments across the NHS and ensuring staff complete the refreshed modules ahead of the usual three-year cycle.

2.0 Primary Care

2.1 Daffodil Standards Awards

Dr Rasib, Partners, based at Cannock Chase Hospital, have been awarded GP Practice of the Year at the Daffodil Standards Awards for its exemplary end-of-life care model. The awards, a collaboration between the Royal College of General Practitioners and Marie Curie, recognise outstanding end-of-life care practices. The practice highlighted the importance of involving all staff members in the care process, establishing clear protocols, and fostering shared learning to enhance patient and family support during critical times. The full news article is available here.

The Daffodil Standards is a free, evidence-based, structured approach designed to help GP practices consistently offer the best end-of-life care for patients. To date, more than 60 practices across the ICB have signed up to the standards.

2.2 Winter Same Day Urgent Access Hubs

To support system resilience, ensure access to timely care, and help manage the increased pressures expected across the system during the winter months, the ICB has funded an additional 46,000 same-day urgent appointments in general practice. These will be delivered across five local GP hubs. The Cannock hub began operating in October, with most hubs starting in November, and all due to be in place by mid-December.

2.3 Long Service Awards

The Staffordshire Training Hub launched the General Practice Long Service Award in 2024 to recognise people working in General Practice across Staffordshire and Stoke-on-Trent who have dedicated 25 to 50 years' service to General Practice and the wider NHS. Now in its second year, the presentation ceremony was held at Uttoxeter Racecourse on Tuesday, 4 November 2025. The

event provided an opportunity to formally recognise and celebrate recipients for their long-standing service and commitment to General Practice.

During the afternoon, guests enjoyed live music and afternoon tea, while recipients were presented with their Long Service Award certificates and pin badges. This year, 49 recipients were celebrated, collectively contributing 1,655 years of service. Since the programme's inception, a total of 164 awards has been presented, recognising a combined 5,675 years of service to General Practice and the NHS. This programme provides an opportunity to acknowledge the vital contributions of individuals dedicated to General Practice and a profession centred on patient care.

Statement from Dr Rachel Gallyot, Interim Chief Medical Officer: "It was a wonderful experience to attend the General Practice Long Service Awards 2025 and hear about the incredible dedication and commitment shown by so many. The stories shared were truly inspiring, highlighting years of hard work, compassion, and care that have made such a lasting difference in patients' lives and in our communities. Well done to all those who received awards."

2.4 Women's Health event

An all-women's health event took place on 5 and 12 November, with another planned for 19 November at The Angels at St. Austin, Cobridge, Stoke-on-Trent. The attached poster provides further details of the event. The event provides information on maintaining health and offers attendees the opportunity to have their questions answered.

3.0 Finance

At month 6, the system is reporting a £21.2m deficit, representing a £0.7m favourable variance against the planned £21.9m deficit (an improvement from £0.5m favourable at month 5). Year-to-date, this includes deficits of £12.1m for the ICB, £13.0m at University Hospitals of North Midlands NHS Trust (UHNM), partial offset with surpluses of £3.8m at Midlands Partnership University NHS Foundation Trust (MPFT), and £0.1m at North Staffordshire Combined Healthcare NHS Trust (NSCHT). The biggest driver of our variance to plan is the efficiency programme phasing. As a system we are forecasting to meet our year-end financial plan of break even, subject to the receipt of £95m deficit support funding (DSF). Net risk has reduced to £24.7m at month 6, which was £97.3m at the plan submission. All partners having fully mitigated their positions except for UHNM, where a recovery plan has several non-recurrent items which will impact from month 7 reporting and will improve the overall net risk position to c£13m.

The planning timeline has been brought forward this year, with final plans originally due for submission by the end of November which has moved to December as delays to confirmation of the national planning framework and associated allocations.

4.0 Planned Care and Cancer

Hormone Replacement Therapy (HRT) has significantly improved symptoms and quality of life for women during the peri- and post-menopausal stages. However, some women experience breakthrough bleeding while on HRT. Previously, GPs would often refer these patients to hospital to rule out cancer although in the vast majority of cases (97%), cancer is not found.

The previous pathway for managing unscheduled bleeding while on HRT could be stressful for women, as it involved long waiting times. To address this, the ICB has introduced a new pathway that provides faster and more appropriate assessment, examination, and simple diagnostic tests to identify the cause of bleeding. This approach helps reduce anxiety, offers timely information, and alleviates unnecessary concern. In most cases, women simply need adjustments to their HRT and reassurance.

This streamlined pathway is part of the Gynaecology Community Service delivered by Health Harmonie, which launched on 20 October 2025. It is available across multiple clinics, supporting women's care closer to home, and all GPs can refer patients to the service.

5.0 Urgent and Emergency Care

August and September 2025 have continued to see increased demand for Urgent and Emergency Care services across the System. Performance during these two months has been more challenged than in previous periods, with several key metrics moving away from the plan. Focus remains on recovering core metrics in line with the system plan, supported by continued collaboration between system partners.

The System Winter Plan has now been finalised, informed by lessons learned from last year, and the associated schemes are currently in the mobilisation phase. This year, a new approach to Winter oversight has been introduced, assigning key leads for identified pillars from all parts of the System to support deliverables and monitor progress against agreed metrics within the Winter Plan.

In early September, all systems participated in a Winter Plan exercise to test the robustness of our preparations. This proved to be an exceptionally positive event, bringing together multiple partners from across the System to identify risks, gaps, and opportunities for mitigation—ensuring system-wide resilience during the peak winter pressures.

There remains risk in our system but all partners are working closely together in order to mitigate this risk as much as possible.

6.0 Key figures from our population

		Last 4 months in current financial year				Comparator month		Change on same month previous year		
		Jun-25	Jul-25	Aug-25	Sep-25	Aug-24	Sep-24	No.	%	Direction
*	111 calls received	25,980	26,406	26,880	26,052		25,879	173	0.7%	↑
	Percentage of 111 calls abandoned	0.8%	0.8%	0.4%	0.8%		2.1%		-1.3%	↓
	A&E and Walk in Centre attendances (UHNM)	22,442	23,117	22,056	22,612		20,892	1,720	8.2%	↑
	A&E and Walk in Centre attendances (other providers)	19,992	20,539	19,466	19,414		18,238	1,176	6.4%	↑
#	Non elective admissions (UHNM)	6,970	7,370	6,741	6,424		9,129	-2,705	-29.6%	↓
	Non elective admissions (other providers)	7,014	7,215	6,790	6,681		6,423	258	4.0%	↑
	Elective and Day Case spells (UHNM)	9,345	9,252	8,312	9,903		10,041	-138	-1.4%	↓
	Elective and Day Case spells (other providers)	9,513	9,977	8,630	9,074		9,371	-297	-3.2%	↓
	Outpatient procedures (UHNM)	13,056	14,233	12,094	13,778		11,810	1,968	16.7%	↑
##	Outpatient procedures (other providers)	14,027	15,584	14,225	11,189		14,801	-3,612	-24.4%	↓
	GP appointments (all)	540,696	573,733	486,012	573,010		537,554	35,456	6.6%	↑
**	Physical Health Community contacts (attended)	152,495	159,980	140,185	154,815		148,255	6,560	4.4%	↑
**	Mental Health Community contacts (attended)	50,565	53,445	46,710		39,530		7,180	18.2%	↑

Most datasets are subject to change upon refresh, especially the most recent month which can be affected by a lag in coding.

Variation in Planned Care type activities (e.g. Elective/ Day Case admissions, OP/ GP appointments) is influenced by a variety of factors, including the number of working days in the month (activity in some months is affected by bank holidays and weekend days).

* NHS 111 - following the switchover to DHU in April 2024, published data is no longer available. Data is available through a local solution from June 2024 onwards.

** The comparison with the same month the previous year is the same month for most measures, apart from when measures sometimes lag one month behind (e.g. Mental/ Physical Health contacts).

Since April 2025, the reporting of non-elective admissions at UHNM was revised to exclude Same Day Emergency Care (SDEC) activity. Prior to this change, SDEC activity was included in the inpatient dataset, which resulted in higher reported figures for non-elective admissions.

The reduction in Outpatient procedures (other providers) is expected to arise from a coding lag.

7. Quality and Safety

The Deteriorating Patient Network (DPN) is a national initiative aimed at improving the early identification, response, and management of patients whose health is declining within care homes and the community. Its ultimate goal is to enhance patient safety and outcomes.

The Staffordshire and Stoke-on-Trent DPN is well established, having been in place for over four years, with system-wide membership that includes local authorities, care home representatives, and Health Innovation West Midlands. Recently, the network successfully delivered a Care Home Resource Pack, providing tools and pathways to help social care staff recognise and respond to patients who are deteriorating - ensuring they receive the right care, at the right time, and in the right place. Initial data shows positive uptake of this resource across care homes in Staffordshire and Stoke-on-Trent. Both local authorities have supported the use of deterioration tools within the care home monitoring toolkit, assessing their implementation during quality assurance visits and signposting staff to MiDOS for Care, a web-based resource platform offering support and advice. This work is underpinned by the nationally recognised Prevention, Identification, Escalation and Response (PIER) Framework, which enables caregivers to effectively identify and manage

physical deterioration. Work is also underway, in collaboration with Health Innovation West Midlands and the Social Care Academy, to develop and roll out deterioration training for care home staff.

As part of the clustering arrangement, an initial meeting has been held with Shropshire, Telford and Wrekin, with a further meeting planned to complete a joint mapping exercise and share learning.

8. Planning and intelligence

8.1 Medium-Term Planning Framework

On 24 October 2025, NHS England published the Medium-Term Planning Framework: Delivering Change Together (2026/27 to 2028/29), building on the initial framework released in August.

Positioned well ahead of the next financial year, this provides valuable time to embed its aims into practical planning, although some detailed guidance is still to follow.

The framework sets out key strategic shifts aligned with the NHS Long-Term Plan:

- **From sickness to prevention** – tackling obesity, cardiovascular disease, smoking, and reducing antibiotic overuse.
- **Digital by default care** – making the NHS App the central access point and introducing NHS Online Hospital services.
- **Neighborhood health model** – integrated teams delivering care closer to home.

It also defines priorities and expectations for the next three to five years across finance, strategic reform, and performance benchmarks, supported by 15 headline success measures.

The planning process requires two key submissions. The first submission, in December 2025, will include three-year revenue and workforce plans, a four-year capital plan, and integrated planning templates, supported by board assurance statements confirming oversight. The final submission, in February 2026, will provide updated versions of these plans, alongside a five-year strategic narrative. To support this process, several frameworks and templates are scheduled for release or draft completion by November 2025, including the Model Neighbourhood Framework, Foundation Trust Framework, and System Archetypes Blueprint, with the Strategic Commissioning Framework already published.

NHS England regional teams will provide assurance and feedback throughout to ensure compliance and alignment with national priorities.

8.2 Local Progress

Governance arrangements have been established, and cluster-level and ICB plans have been prepared, informed by population health and productivity data. The next phase will focus on

refining commissioning intentions, setting priorities and budgets, and completing the first submission in December.

9. Learning Disabilities, Autism and Down's syndrome

Across Staffordshire and Stoke-on-Trent, the number of individuals recorded on GP Learning Disability Registers continues to increase, with over 200 additional people added compared to the same period last year. Currently, approximately one third of patients on the register have received their annual health check.

System partners continue to encourage patients to take up the offer of an annual health check in the coming months or to contact their GP practice to arrange an appointment. A national joint letter has been circulated to all GP practices, reinforcing the importance of Learning Disability health checks and providing resources to support frontline staff in facilitating these appointments. An Easy Read version of the letter has also been made available to support accessibility.

Ian Green OBE,
ICB Chair

Simon Whitehouse,
ICB Chief Executive Officer

November 2025

Staffordshire and Stoke-on-Trent Integrated Care System

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure No: 07

Report to:	**Integrated Care Board**						
Date:	**20 November 2025**						
Title:	**System Winter Assurance**						
Presenting Officer:	Phil Smith – Chief Delivery Officer						
Author(s):	Jack Butler – Head of UEC Delivery and Improvement						
Document Type:	Report		If Other: Click or tap here to enter text.				
Action Required (select):	**Information (I)**	☒	**Discussion (D)**	☐	**Assurance (S)**	☒	
	Approval (A)	☐	**Ratification (R)**	☒	*(check as necessary)*		
Is the decision within SOFD powers & limits	**Yes / No**	YES					
Any potential / actual Conflict of Interest?	**Yes / No**	Choose an item. *If Y, the mitigation recommendations –* Provider representatives may have conflicts for approval of schemes within the system plan.					
Any financial impacts: ICB or ICS?	**Yes / No**	YES *If Y, are those signed off by and date:* Finance and Performance Committee Approval 07th October 2025					
Any impacts on ICB Undertakings?	**Yes / No**	YES *If Y, are those signed off by and date:* Underpinning approach to ICB planning for Winter and periods of Surge.					
Appendices:	Winter Plan Update ICB Board						

(1) Purpose of the Paper:

The purpose of this paper is to provide an update on the latest position of the Staffordshire & Stoke-on-Trent (SSOT) Winter Plan following the presentation to the Integrated Care Board (ICB) in September. 2025.

(2) History of the Paper & Whether for I-D-S-A-R (as above):	Date
N/A	Click or tap to enter a date.

(3) Implications:

Legal or Regulatory	System-wide risk relating to non-delivery of Winter Plan. Performance implications will necessitate regulatory oversight and scrutiny.
CQC or Patient Safety	The System Escalation plan component of the System Winter Surge Plan is intended to outline and define system responsibilities for risk management and escalation. Quality involvement from all partners has been in situ throughout the plan. The Winter plan has been signed off by the Quality & Safety Committee. A QIA has been completed and a panel date of 11.11.25 is in place. Providers will complete their own QIA's as appropriate. All providers are CQC registered.

Financial (CFO-assured)	Spend commitments have been regularly presented to system CFOs throughout the development of the plan – linked to Surge/Winter Plan initiatives and schemes. Any additional funding received from NHSE will be assessed initially by the system surge MDT, with appropriate assurance and reporting mechanisms put into place. Monthly reports to UEC Board and Winter Oversight Group are in place to ensure oversight and assurance. The ICB Finance team is a quorate member of the System Surge MDT and Winter Oversight Groups. Finance and Performance have signed off the winter plan on the 7th October 2025
Sustainability	Risks relating to de-escalation and ensuring funded schemes are stood down in timely fashion will be added to Risk Register as in previous years. The System Surge Plan will extend into Q1 2026/27 to ensure de-escalation trajectories are built into the plan at the outset.
Workforce or Training	Workforce risks are managed via System Workforce plan & escalated via Risk Register.
Equality & Diversity	Equality Impact Assessment are undertaken. No current risks identified.
Due Regard: Inequalities	Impact assessments have been undertaken for all aspects of the System Winter Surge plan to ensure adequate assessment of inequalities and access to services. Initiatives have been developed with the aim of providing equality of care for all stakeholders and patient groups. Where possible, geographic equity has been implemented to ensure equal access to primary care and other area-specific services.
Due Regard: wider effect	The wider effects of the approval and implementation of the System Winter Surge plan are manifold are relate to all parts of the health system within Staffordshire and Stoke-on-Trent. While the plan will articulate the approaches utilised to address access to urgent and emergency care, the initiatives and schemes to be developed will aim to facilitate an improved patient journey, experience and, most pertinently, patient outcomes. To achieve this, a holistic view of the UEC pathway and wider system has been considered and action taken to ensure that all points in the patient journey (from admission avoidance to ED 'front door' and all the way through to home first discharges and social care access and support) are supported to ensure optimal patient flow is in place to mitigate the impacts of periods of surges in demand and winter pressures. The System plan also seeks to ensure the protection of Elective Care activity as a requisite foundation to maintain system performance with regard to elective recovery.

(4) Statutory Dependencies & Impact Assessments:

Assessment	Completed?	If No / N/A – Rationale	If Yes – Outcome & Date Reported / Signed off
DPIA	☐ Yes ☐ No ☒ N/A	Click or tap here to enter text.	*Reported to IG Committee:* Click or tap to enter a date.
EIA	☐ Yes ☐ No ☒ N/A	Click or tap here to enter text.	*Outcome and date of completion: In progress for completion.*
QIA	☒ Yes ☐ No ☐ N/A	*(enter rationale, per ICB QIA Policy, that it does not impact on quality of services)* Click or tap here to enter text.	*SRO sign-off, outcome & date of completion: QIA has been submitted and is being presented at the QIA panel on the 11/11/25*

Has there been Public / Patient Involvement?	☐ **Yes** ☐ **No** ☒ **N/A**	Although there has been ICS Finance / DoF engagement in co-producing the strategy

(5) Integration with the System Board Assurance Framework & Key Risks:					
SBAF1	Responsive Patient Care - Elective	☒	**SBAF5**	High Quality, Safe Outcomes	☒
SBAF2	Responsive Patient Care - UEC	☒	**SBAF6**	Sustainable Finances	☒
SBAF3	Proactive Integrated Community Services	☐	**SBAF7**	Improving Productivity	☐
SBAF4	Reducing Health Inequalities	☐	**SBAF8**	Sustainable Workforce	☒

(6) Executive Summary, incl. expansion on any of the preceding sections:

The SSOT System Winter Plan has been developed in collaboration with all System partners to map out a Staffordshire and Stoke-on-Trent wide plan of winter.
The plan utilises a 'pillars' approach. Seeking to assess and delivery the plan across all facets of the SSOT health and care system to ensure a holistic approach to deliver services safely during periods of increased demand for services.
The thirteen pillars relate to key components of the system from pre-hospital (vaccination, primary care, community transformation, the Integrated Care Centre (ICC), Acute Care at Home and the Ambulance service) to in-hospital (front door and inpatient acute, UEC escalation management, Infection Prevention Control (IPC) and Mental Health) to post-hospital (Discharge, Local Authorities).
Each pillar has a named executive and managerial lead and a slide within the system plan outlining the deliverables that the leads will take forward to support safe winter delivery and measurable metrics that will enable assessment of progress and monitoring as implementation and delivery commence.
The system has seen pressures across UEC pathways during October and into November, these are primary driven by increased attendances, early arrival of respiratory viruses compared to previous years, and workforce challenges driven by an increase in short term sickness.
To mitigate against the current system pressures the ICB is working collectively with partners across the NHS, Local Authorities and Voluntary Community and Social Enterprise (VCSE) sector to expediate elements the plan and implement additional mitigatory actions.
Where any capacity has been expediated this is closely monitored via Winter Oversight and plans will be produced to support early de-escalation based on the operational position and clinical risk to ensure the plan remains within its agreed financial thresholds.

(7) Recommendations to Board / Committee:

Following the additional assurance discussions with NHS England's and approval at Finance & Performance Committee it is recommended that the Integrated Care Board formally ratify the SSOT Winter Plan.

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

Winter Plan Update

November 2025

Table of Contents

Introduction

The purpose of this paper is to provide an update on the latest position of the Staffordshire & Stoke-on-Trent (SSOT) Winter Plan following the presentation to the Integrated Care Board in September 2025.

Governance & Assurance

Following presentation to the Board in September the SSOT Winter Plan has now completed its governance cycle (Figure 1), including formal sign of at Finance and Performance Committee on the 7th October 2025

Meeting	Revised Date	Date
System Performance Group	August	27.08.25
UEC Clinical Advisory Group	August	28.08.25
UEC Board	August	28.08.25
Finance & Performance Committee	September October	02.09.25 07.10.25
ICB People Committee	September	04.09.25
SSOT ICS EPRR Test	September	10.09.25
NHSE Assurance Visit	September	11.09.25
Clinical Senate	September	11.09.25
NSCHT Trust Board	September	11.09.25
SCC Health & Care SLT	September	15.09.25
System Quality & Safety Committee	September	17.09.25
Regional Winter Scenario Stress Test	September	17.09.25
UHNM Trust Board	September	18.09.25
ICB Board	September	18.09.25
SOTCC Operational Business Meeting	September	23.09.25
MPFT Trust Board	September	30.09.25
Staffordshire Health OSC	November	10.11.25
Stoke-on-Trent Health OSC	November	06.11.25

Figure 1

NHS England Assurance

As part of the regional oversight arrangements, a team from NHS England carried out a system Winter Assurance Visit to Staffordshire and Stoke-on-Trent at the Royal Stoke hospital site on Thursday 11th September 2025.

The visit included winter assurance presentations from system partners, followed by an opportunity to test the operational logic and realism of the system winter surge plan (including

the escalation plan aspects), confirmation from system leaders regarding mobilisation of surge/winter capacity and identification of risks to delivery.

Formal NHS England feedback post the assurance visit has been received and following discussion NHS England have confirmed they are supportive of the modelling approach and are keen to support timely mobilisation of the agreed schemes.

Positive feedback was received regarding the system's "detailed surge plan", "updated capacity modelling" and a "clear ambition to maintain patient safety and system resilience". NHS England also highlighted that the system winter planning framework is "structurally comprehensive, with clear governance, a centralised coordination model and a system-wide commitment to collaborative delivery". The embedding of lessons learned was also highlighted throughout the feedback received.

Further to the NHS England visit and the discussions at ICB Board on 18th September outstanding queries relating to modelling, finance and quality impact assessments (pending panel approval on 11th November) have been resolved.

As we have moved through October into November focus has now switched to mobilisation of the mitigation schemes.

Delivery Oversight

Using the agreed 'Pillars' approach (figure 2), Winter Oversight Meeting and associated UEC Governance (Figure 3) we have the appropriate oversight in place to ensure delivery whilst remaining dynamic and agile to respond to the operational position and any surges in demand the system may experience.

SYSTEM WINTER PLAN										System Executive Lead/System Winter Director: Phil Smith			
Chapter	1 Vaccination	2 Primary Care	3 Community Transformation	4 Integrated Care Coordination	5 Acute Care At Home	6 Ambulance Service	7 Front Door & Inpatient Acute	8 UEC Escalation Management	9 Infection Prevention Control	10 Mental Health	11 Discharge (Complex)	12 Staffordshire Local Authority	13 Stoke City Local Authority
Additionality	Childhood Vaccs/Imms Respiratory Syncytial Virus (RSV) Increase vaccination rates for staff & patients	Additional capacity in general practice Increased availability of urgent dental care appointments PCN Winter preparedness events	Delivery of Respiratory offer (Provider Collaborative) Frailty review Falls response High Intensity Use (HIU) review End of Life	Increased Clinical Presence in the Integrated Care Coordination (ICC)/ Surge staffing plan	Expanding Urgent Community Response (UCR) service offer Surge capacity	Additional clinicians in emergency operating centres and SPoA Expand overnight support for 999 Additional operational & triage Clinical Validation Team (CVT) clinicians investment	Acute capacity additionality Delivery of Co-located UICs Release to Rescue	Escalation Capacity Escalation & De-Escalation Co-ordination	7-day Infection Prevention & Control (IPC) cover Rapid Ppoint of Care (PoC) testing	Inpatient Length of Stay (LoS) reduction Out of Area Placements reduction Reduce delays for admission Reduce Readmissions	Discharge to Assess (D2A) productivity and efficiency opportunities	Additional social care assessment capacity for Urgent Care 2Everbody goes Home2 model to extending to overnight support Flexible Brokerage capacity to meet fluctuating UEC demands.	Moderate frailty model Enablement LoS efficiencies Increased capacity in in-house enablement
Enabling	Infrastructure for delivery of Vaccination programme	Enhanced Health in Care Homes Directed Enhanced Service (DES)/Local Enhanced Service (LES) Primary Care Access Programme	Development of Integrated Neighbourhood Teams	Pathway Development	Increased headcount to support delivery of home visits. Delivery of capacity & utilisation inline with operational planning 'Pull Practitioner' role deployed across all 3 acutes Enhanced Respiratory & Paediatric VW pathways.	Protocol for conveyance of over 65s Increased Hear & Treat, See & Treat rates Improved utilisation of SDEC & alternative conveyance Sustained improvements in response times 24/7 Hospital Ambulance Liaison Officer (HALO)	UEC Improvement Plan: Front Door Processes; Frailty; Clinical Pathways; Bed & Site Management Ward Processes P0 Discharges Paediatrics Surge Plan Protect Electives	System Coordination Centre (SCC) Emergency Preparedness Resilience & Response (EPRR) UEC Improvement Plan	Virus Resilience Plans Cohorting/ Isolation plan	High Intensity Use (HIU) Mental Health UEC improvement plan	Better Care Fund (BCF) Review and allocation of resource to discharge Voluntary Community & Social Enterprise (VCSE) offer Integrated Discharge Hub (IDH) - Discharge/flow targets	Deteriorating Patients Pathway Clear Escalation Process : Complex Patients Choice Urgent FNC Review Provider Improvement Response Teams (PIRT) Care Home Intensive Support Team (CHIST) Care market communications	Care Market Management - comms Provider Improvement Response Team (PIRT) Care Home Intensive Support Team (CHIST) Approved Mental Health Professionals (AMHP) Provider of Last Resort (POLR) Enablement
Exec Lead	Rachel Gallyot	Rachel Gallyot	Elizabeth Disney	Jennie Collier	Katy Thorpe	Jeremy Brown	Katy Thorpe	Phil Smith	Rachel Gallyot	Ben Richards	Jennie Collier	Andrew Jepps	Peter Tomlin
Managerial Lead	Lynn Millar	Sarah Jeffery	Helen Slater	Tracy Morley	Beth Ratcliffe Mike Goodwin	Rob Till	Beth Ratcliffe Mike Goodwin	Kate Farrow	Matthew Missen	Rachel Birks	Hayley Bishop	Bev Jocelyn	Lee Calvert
Demand & Capacity Modelling/Performance Reporting													
Workforce													
Finance													
System/Clinical Escalation Plan - Risk Management/Risk Sharing - Harm Reviews													
Communications													

Figure 2

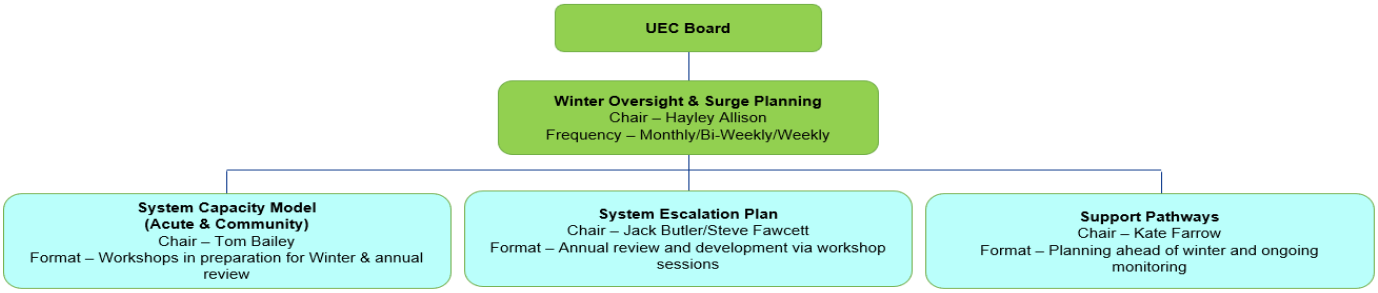


Figure 3

Current System Pressures

The system has seen pressures across UEC pathways during October and into November, these are primary driven by increased attendances, early arrival of respiratory viruses compared to previous years, and workforce challenges driven by an increase in short term sickness.

Activity growth in October 2025 has seen 8.92% growth when compared to October 2024, with a rolling 3-month increase of 9.22%. During the month the system has seen the highest attendances reported across the UHNM footprint ever recorded, this is being seen across Emergency Departments, Walk in Centres and Minor Injury Units, superseding the previous highest day within October last year.

Throughout late September and October, the ICS has experienced increased pressure related Respiratory Illnesses including Flu A, Flu B and COVID-19. SSOT is not unique in this pattern with similar demand increases being seen across both the region and wider NHS nationally. Current UKHSA reporting is showing the impact is in line with 24/25 volume levels but is being experienced c. 4 weeks ahead of the previous year, this is illustrated in figure 3.

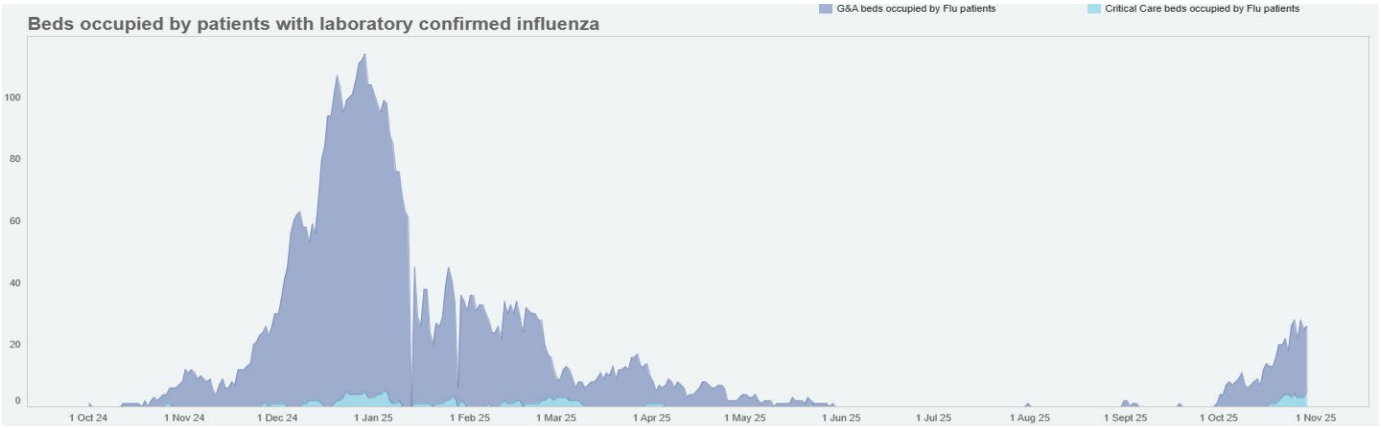


Figure 3

Providers have experienced significant staffing challenges due to short term absence; this has been further impacted by lower than anticipated uptake of Bank shifts. The situation is being closely monitored by workforce leads across the system and mitigatory actions are being taken including the deployment of mutual aid, targeted enhanced bank rates and agency usage. Winter recruitment continues to progress with provider recruitment events taking place throughout November, this will reduce the need for ongoing agency deployment.

Mitigatory Actions

To mitigate against the current system pressures the ICB is working collectively with partners across the NHS, Local Authorities and Voluntary Community and Social Enterprise (VCSE) sector to expediate elements the plan and implement additional mitigatory actions.

Where any capacity has been expediated this is closely monitored via Winter Oversight and plans will be produced to support early de-escalation based on the operational position and clinical risk to ensure the plan remains within its agreed financial thresholds.

These actions are being implemented across the patient pathway, an overview of which has been provided below.

Pre Hospital

- Weekly system Clinical MDT meetings commenced to review potentially inappropriate cases led by ICB Clinical Director supported by provider clinical leads. Process in place for structured feedback to partners and themes and trends logged for learning.
- Mobilisation of X-Ray car ongoing with plan to commence 01/12/25.
- Integrated Care Coordination (ICC) referrals year on year increase of 24% seen in October, against a plan of 20% - Recruitment ongoing to support increased activity.
- Refreshed ICC communications shared with partners, including WMAS to drive referrals, in particular call before convey and care homes.
- Virtual wards capacity utilisation increased with x5 additional beds opened ahead of plan.

In Patient – Acute

- Expediated handover of 25 beds to Unplanned Care at Royal Stoke Hospital completed.
- County Hospital surge beds x8 opened with plan to expediate remaining capacity throughout November.
- Increased GP support to the EHPC service within ED at Royal Stoke to support Ambulatory patient pathways.

Discharge

- High Impact Team (HIT) visits in place weekly across acute and community hospital (including D2A) bed bases.
- X10 D2A beds opened at Haywood Hospital ahead of plan.
- Planned additional Home First Capacity mobilised and being utilised fully.
- 24/7 wrap around support mobilised ahead of plan.

Recommendation

Following the additional assurance discussions with NHS England's and approval at Finance & Performance Committee it is recommended that the Integrated Care Board formally ratify the SSOT Winter Plan.

Staffordshire and Stoke-on-Trent Integrated Care System

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure No: 08

Report to:	**Integrated Care Board**					
Date:	**20 November 2025**					
Title:	Medium Term Planning (MTP) Framework and local progress update					
Presenting Officer:	Claire Finn, Chief Finance Officer and Elizabeth Disney, Chief Transformation Officer					
Author(s):	Vicki Inch, NHS SSOT, Associate Director of Planning and Intelligence; Angela Parkes, NHS STW, Deputy Director of Planning and Performance					
Document Type:	Other		If Other: Click or tap here to enter text.			
Action Required (select):	**Information (I)**	☒	**Discussion (D)**	☐	**Assurance (S)**	☒
	Approval (A)	☐	**Ratification (R)**	☐	*(check as necessary)*	
Is the decision within SOFD powers & limits	**Yes / No**	YES				
Any potential / actual Conflict of Interest?	**Yes / No**	NO *If Y, the mitigation recommendations –* Click or tap here to enter text.				
Any financial impacts: ICB or ICB?	**Yes / No**	NO *If Y, are those signed off by and date:* Click or tap here to enter text.				
Any impacts on ICB Undertakings?	**Yes / No**	NO *If Y, are those signed off by and date:* Click or tap here to enter text.				
Appendices:	MTP framework and local progress update SSoT board					

(1) Purpose of the Paper:

This paper provides an update on the Medium-Term Planning Framework (MTP) - delivering change together 2026 27 to 2028 29 published on 24th October 2025 and outlines progress made during the planning process.

(2) History of the Paper & Whether for I-D-S-A-R (as above):	**Date**
N/A	Click or tap to enter a date.

(3) Implications:	
Legal or Regulatory	No direct legal or regulatory implications identified at this stage
CQC or Patient Safety	No direct CQC or patient safety implications identified at this stage
Financial (CFO-assured)	Medium-term financial plans will be developed in collaboration with the ICB finance team. Planning will incorporate resource-constrained and exploratory modelling to ensure financial realism and strategic flexibility.
Sustainability	Sustainability is embedded in the planning approach.
Workforce or Training	No direct workforce or training implications identified at this stage
Equality & Diversity	Equality and diversity considerations are embedded in the planning approach.

Due Regard: Inequalities	The framework mandates population health needs assessments and the identification of underserved communities as a foundation for planning.
Due Regard: wider effect	The framework mandates population health needs assessments and the identification of underserved communities as a foundation for planning.

(4) Statutory Dependencies & Impact Assessments:

Assessment	Completed?	If No / N/A – Rationale	If Yes – Outcome & Date Reported / Signed off
DPIA	☐ Yes ☐ No ☒ N/A	Click or tap here to enter text.	*Reported to IG Committee:* Click or tap to enter a date.
EIA	☐ Yes ☐ No ☒ N/A	Click or tap here to enter text.	*Outcome and date of completion:* Click or tap here to enter text.
QIA	☐ Yes ☐ No ☒ N/A	*(enter rationale, per ICB QIA Policy, that it does not impact on quality of services)* Click or tap here to enter text.	*SRO sign-off, outcome & date of completion:* Click or tap here to enter text.
Has there been Public / Patient Involvement?	☐ Yes ☐ No ☒ N/A		Click or tap here to enter text.

(5) Integration with the System Board Assurance Framework & Key Risks:

SBAF1	Responsive Patient Care - Elective	☒	**SBAF5**	High Quality, Safe Outcomes	☒
SBAF2	Responsive Patient Care - UEC	☒	**SBAF6**	Sustainable Finances	☒
SBAF3	Proactive Integrated Community Services	☒	**SBAF7**	Improving Productivity	☒
SBAF4	Reducing Health Inequalities	☒	**SBAF8**	Sustainable Workforce	☒

(6) Executive Summary, incl. expansion on any of the preceding sections:

Medium Term Planning Framework Overview

The Medium Term Planning Framework (2026/27 to 2028/29) outlines strategic shifts including:

- A focus on prevention: tackling obesity, cardiovascular disease, smoking, and antibiotic overuse.
- Digital by default care: NHS App as the central access point and rollout of NHS Online Hospital.
- Neighbourhood health model: integrated teams delivering care closer to home.

Transformation priorities set out in the framework span elective care, urgent and emergency care, primary care, community services, mental health, prevention, digital transformation, and workforce development. Operational targets for 2026/27 and 2028/29 include improvements in planned care, urgent care, mental health, primary care, community services, and workforce. Boards are expected to be actively engaged in the planning process and provide assurance that plans are comprehensive, realistic, and deliverable.

Finance Requirements

ICBs and providers must submit three-year revenue and four-year capital plans using integrated templates that align finance, workforce, and activity. Plans must demonstrate financial discipline, eliminate reliance on deficit support funding by 2028/29, and achieve a minimum 2% annual productivity improvement. Updated capital guidance and business case templates will be released in autumn. A new payment model for urgent and emergency care will be introduced, and funding formula reviews are underway to support fair share allocations. NHS England will publish productivity data and expand benchmarking tools to improve transparency.

Timeline and Expectations

Initial plans are due to be submitted in December 2025, including board assurance statements. Final submissions, including a five-year strategic narrative, are expected to be submitted in February 2026. NHS England regional teams will review and support plans.

Local Progress and Next Steps

Governance arrangements are in place and initial planning work has begun, including cluster-level and ICB submissions informed by population health and productivity data.

Next steps include refining commissioning intentions, completing prioritisation and budget setting, refreshing modelling, and submitting integrated plans in line with national deadlines.

(7) Recommendations to Board / Committee:

1. Note the publication and requirements of the Medium-Term Planning Framework - delivering change together 2026 27 to 2028 29
2. Note the updates provided on progress
3. Note the draft commissioning intentions

Staffordshire and Stoke-on-Trent Integrated Care System

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

2026/27 Medium Term Planning Framework and Local Planning Update

October 2025

Executive Summary

- The update highlights the requirements in the national planning cycle since the planning framework was published in August and local progress and next steps on the work required.
- The Medium Term Planning Framework delivering change together 2026 27 to 2028 29 was published on 24th October 2025.
- It outlines key strategic Shifts in line with 10-year plan commitments:
  - From sickness to prevention – tackling obesity, CVD, smoking, and antibiotic overuse.
  - Digital by default care – NHS App as the central access point; rollout of NHS Online Hospital.
  - Neighbourhood health model – integrated teams delivering care closer to home.
- The framework outlines the key areas of transformation and expectations for NHS organisations over the coming three to five years. It is structured into three main areas: the financial landscape and obligations, strategic reform initiatives aimed at establishing a revised operating model, and sector specific performance benchmarks. The framework sets out the expectations of the role of boards in assurance of plans, with boards expected to complete formal assurance statements.
- There are a range of broad headline success measures set out over a three-year period.
- A number of elements continue to be emerging in relation to planning expectations, with not all guidance and templates yet published or timescales confirmed.
- Local governance arrangements are in place, and initial planning work has begun, including preparation of cluster-level and ICB submissions informed by population health and productivity data. Next steps include refining commissioning intentions, completing prioritisation and budget setting, and submitting the first integrated plans with board assurance in December, followed by the final submission in February

Medium Term Planning Framework – Areas of Transformation

Elective Care, Cancer & Diagnostics

Outpatient transformation: Shift to digital first, patient led models; reduce low value follow ups.

Children & Young People: Ringfenced paediatric capacity and dedicated surgery days.

Urgent & Emergency Care (UEC)

Crowding reduction: Use UTCs and same day emergency care for non-admitted patients.

Mental health crisis: Establish mental health emergency centres in Type 1 EDs.

Digital first UEC: Expand triage and scheduling based on clinical urgency.

Primary Care

GP contract delivery: Improve access across all modalities (phone, online, walk in).

Ambient voice tech: Deploy to free up time for more patient contact.

Variation reduction: Target support to practices struggling with access or contract delivery.

Community Health Services & Pharmacy

Pharmacy first: Expand prescribing services, emergency contraception, HPV vaccination.

Digital integration: Prescription tracking and medicine management via NHS App.

Dental Services

Contract reform: Implement new dental contract from April 2026.

Quality improvement: Focus on high needs and complex patients

Medium Term Planning Framework – Areas of Transformation

Mental Health

Emergency departments:

Co-locate mental health EDs with Type 1 EDs

Learning Disabilities, Autism & ADHD

Assessment waits: Reduce long waits for autism and ADHD assessments.

Quality of care: Align with national commissioning frameworks.

Prevention

Obesity services: Expand access to NICE approved treatments and digital weight management.

CVD mortality: Support 25% reduction over 10 years.

Tobacco dependence: Implement optout models.

Antibiotic exposure & polypharmacy: Reduce avoidable harm.

Digital Transformation

NHS App: Make 95% of appointments available via app; integrate triage and care pathways.

Online hospital: Launch by 2027 for specialist care access.

Federated Data Platform: Full adoption across providers and ICBs.

Digital therapeutics & AVT: Deploy for clinical and supportive care.

Quality & Patient Experience

Modern Service Frameworks: Focus on CVD, serious mental illness, sepsis, dementia, frailty.

National Care Delivery Standards: Ensure consistent care across the week.

Patient experience: Realtime feedback and surveys to improve waiting experience.

Workforce

Agency staffing: 30% reduction in 2026/27; eliminate by 2029/30.

Job planning: 95% of medical job plans signed off annually.

Sickness absence: Reduce to national average (~4.1%).

Leadership: Implement Management & Leadership Framework and establish College of Executive and Clinical Leadership.

Medium Term Planning Framework - Key Finance Requirements

- ICBs and providers are required to submit 3 year revenue and 4year capital plans, using integrated templates that align finance, workforce, and activity.
- Plans must demonstrate financial discipline by delivering balanced or surplus positions each year, removing reliance on deficit support funding by 2028/29, and achieving a minimum 2% annual productivity improvement.
- Updated capital guidance and delegated limits will be released in autumn, supported by new business case templates.
- A new Urgent and Emergency Care payment model will be introduced, combining fixed and variable elements, along with best practice tariffs to promote efficient care delivery.
- Reviews of the NHS funding formula and the Carr Hill formula for general practice are underway, supporting a transition toward fair share allocations for ICBs.
- NHS England will publish trust level productivity data and expand the use of costing dashboards and financial benchmarking tools to improve transparency and data use.

Medium Term Planning Framework - Operational Planning Targets

Area	Performance Measure	2026/27 Target	2028/29 Target
Planned Care	Improve the percentage of patients waiting no longer than 18 weeks for treatment	7% improvement or 65% whichever greater	92%
	28-day cancer Faster Diagnosis	80%	80%
	31-day cancer standard	94%	96%
	62-day cancer standard	80%	85%
UEC	4-hour A&E performance	82% by March 27	85% average for year
	12-hour A&E performance	Higher percentage than 25/26	Year on year percentage increase
	Category 2 average response times	Improve on 25/26 standard of 25 minutes	18 minutes
	Category 2 percentage within 40 minutes	n/a	90%
Primary Care	Same day appointments for all clinically urgent patients (face to face, phone or online)	90% Awaiting consultation	
	Improved patient experience of access to general practice (ONS Health Insights Survey)	Year-on-year improvement	
Community	Community health service activity occurring within 18 weeks	At least 78%	At least 80%

Medium Term Planning Framework - Operational Planning Targets

Area	Performance Measure	2026/27 Target	2028/29 Target
Mental health	Expand coverage of mental health support teams (MHSTs) in schools and colleges (including teams in training)	77% coverage	94% coverage reaching 100% by 2029
	Number accessing Individual Placement and Support	63,500	73,500
	Number of courses of NHS Talking Therapies	805,000	915,000
	Talking therapies reliable recovery	51%	53%
	Talking therapies reliable improvement	69%	71%
	Number of inappropriate out of area placements	Reduce by March 27	Reduce or maintain at zero
Learning disability and autism	Reduce reliance on mental health inpatient care for people with a learning disability and autistic people	No target given	Minimum 10% reduction year-on-year
Workforce	Agency and bank use	Individual trust targets to achieve national target of 30% reduction in agency and a 10% year on year reduction in bank	Working towards zero in 29/30
	Sickness absence	Reduce to national average (~4.1%).	

Medium Term Planning Framework - Timeline and Templates

First Submission (Dec 2025)

- 3-year revenue & 4-year capital plans
- 3-year workforce and performance plans
- Integrated planning template
- Board assurance statements confirming oversight of process

Final Submission (Feb 2026)

- Updated versions of the above
- 5-year strategic narrative plan
- Board assurance statements confirming oversight and endorsement of the totality of the plans

Templates & Supporting Documents

- Model Neighbourhood Framework – due Nov 2025
- Strategic Commissioning Framework – Published
- Foundation Trust Framework – draft due Nov 2025
- System Archetypes Blueprint – draft due Nov 2025

NHS England regional teams will assure plans and provide feedback/support.

Progress

- The groundwork for planning has been laid, with commissioning intentions shaped by evidence, national guidance, local clinical strategies, the Joint Forward Plan, and population health needs. These intentions have been shared with providers and partners to support the development of their delivery plans.
- Population health intelligence and community insights are guiding our work, with a strong emphasis on prevention, proactive care, and tackling health inequalities.
- A population segmentation approach is being used to identify evidence-based opportunities for shifting investment and driving transformation, supporting neighbourhood-level health improvements..
- Model System and wider data have been refreshed to identify national and local opportunities for improving productivity and technical.
- Technical planning work is actively progressing across all partner organisations, including demand and capacity modelling, scenario testing, and detailed reviews of underlying positions.
- The ICB has drawn upon and disseminated a range of intelligence information to providers. This intelligence has directly informed the development of the draft commissioning intentions, providing assurance that planning is evidence-based, collaborative, and aligned with population needs.
- The Planning Working Group, a formal sub-group of the System Performance Group (SPG), has convened twice in October to support the planning process. The group operates within agreed governance arrangements, escalating to and making recommendations to the SPG as required. System Finance and Performance Committee (SFPC), and Strategic Transformation and Commissioning Committee will play critical roles in scrutinising plans and providing assurance to the board.

Next Steps during November

- Following confirmation of indicative submission dates, we are updating the timeline to ensure all planning deadlines are achieved.
- Develop first draft numerical plans for 17/18th December submission and then consider the alignment between these and our five year strategic plan
- Prepare cluster-level submissions for the 3-year and 5-year planning requirements, alongside separate ICB submissions for the one-year operational plan. Initial discussions around approach to 5 year commissioning plan.
- Continue testing and refining commissioning intentions (CIs) using population health management data and productivity insights, ensuring plans are evidence-based and meet local needs, while addressing gaps and aligning around opportunities, clinical value, and the direction set out in the 10-Year Plan.
- Align local CI's with the Medium-Term Planning Framework, ensuring they reflect national transformation priorities and success measures.
- Build CIs into strategic programmes for change.
- Undertake prioritisation and budget setting to enable investment in areas that support prevention and improved outcomes, while maintaining financial sustainability.
- Focusing on productivity opportunities to be reflected in plans
- Contracting discussions with providers around alignment of contract values across commissioner and provider plans
- Review current performance against national standards to identify areas requiring additional focus or improvement
- Refresh modelling to ensure activity levels and performance expectations are accurately reflected in future contracts and operational plans.

Staffordshire and Stoke-on-Trent Integrated Care System

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure No: 09

Report to:	**Integrated Care Board**					
Date:	**20 November 2025**					
Title:	**Quality and Safety Report**					
Presenting Officer:	Lynn Tolley, Director of Nursing – Maternity & Safeguarding					
Author(s):	Lee George, Associate Director – Quality Assurance and Improvement					
Document Type:	Report		If Other: Click or tap here to enter text.			
Action Required (select):	**Information (I)**	☒	**Discussion (D)**	☐	**Assurance (S)**	☐
	Approval (A)	☐	**Ratification (R)**	☐	*(check as necessary)*	
Is the decision within SOFD powers & limits	**Yes / No**	YES				
Any potential / actual Conflict of Interest?	**Yes / No**	NO *If Y, the mitigation recommendations –* Click or tap here to enter text.				
Any financial impacts: ICB or ICB?	**Yes / No**	NO *If Y, are those signed off by and date:* Click or tap here to enter text.				
Any impacts on ICB Undertakings?	**Yes / No**	NO *If Y, are those signed off by and date:* Click or tap here to enter text.				
Appendices:	Appendix A: Quality and Safety Report – Detail September 2025.					

(1) Purpose of the Paper:

To provide assurance to the Integrated Care Board (ICB) regarding the quality, safety, experience, and outcomes of services across the entire health economy.

(2) History of the Paper & Whether for I-D-S-A-R (as above):	Date
This paper is a combination of corresponding papers (D/S/I) presented and discussed at Quality and Safety Committee.	Click or tap to enter a date.
This paper is a combination of corresponding papers (D/S/I) presented and discussed at system Quality Group.	

(3) Implications:

Legal or Regulatory	Risks identified and managed via the Board Assurance Framework and Corporate Risk Register.
CQC or Patient Safety	Updates provided against relevant organisations. Continuous Quality Improvement update aligns to known links between providers and systems.
Financial (CFO-assured)	N/A
Sustainability	N/A
Workforce or Training	Details contained within the report relating to providers by exception.
Equality & Diversity	Details contained within the report.
Due Regard: Inequalities	Update contained within the report.

Due Regard: wider effect	Quality Impact Assessment update supports the ICB, and system partners, having due regard to all likely effects of decisions.

(4) Statutory Dependencies & Impact Assessments:

		Yes	No	N/A	Details
Completion of Impact Assessments:	**DPIA**	☐	☐	☒	*If N, why* Click or tap here to enter text. *If Y*, Reported to IG Group on Click or tap to enter a date.
	EIA	☐	☐	☒	Click or tap here to enter text.
	QIA	☐	☐	☒	*If N, why* Click or tap here to enter text. *If Y*, signed off by QIA on Click or tap to enter a date.
Has there been Public / Patient Involvement?		☐	☐	☒	

(5) Integration with the System Board Assurance Framework & Key Risks:

SBAF1	Responsive Patient Care - Elective	☐	**SBAF5**	High Quality, Safe Outcomes	☒
SBAF2	Responsive Patient Care - UEC	☐	**SBAF6**	Sustainable Finances	☐
SBAF3	Proactive Integrated Community Services	☐	**SBAF7**	Improving Productivity	☐
SBAF4	Reducing Health Inequalities	☒	**SBAF8**	Sustainable Workforce	☐

(6) Executive Summary, incl. expansion on any of the preceding sections:

The paper summarises key areas discussed by the Quality and Safety Committee (QSC) and the System Quality Group (SQG) at the meetings held in October and November 2025.

Several key programmes of work were discussed, and the paper is intended to provide assurance to the Integrated Care Board in relation to:

- Home and Host Commissioner
- Learning from the lives and deaths of people with a learning disability and autistic people
- Continuous Quality Improvement
- Looked After Children
- Quality Impact Assessments
- Quality and Safety Through Transition

(7) Recommendations to Board / Committee:

Members of the Integrated Care Board are asked to:

- Receive this report, seek clarification, and further action as appropriate.
- Be assured in relation to key quality assurance and patient safety activity undertaken in respect of matters relevant to all parts of the Integrated Care System.

Appendix A: Quality and Safety Report – Detail November 2025

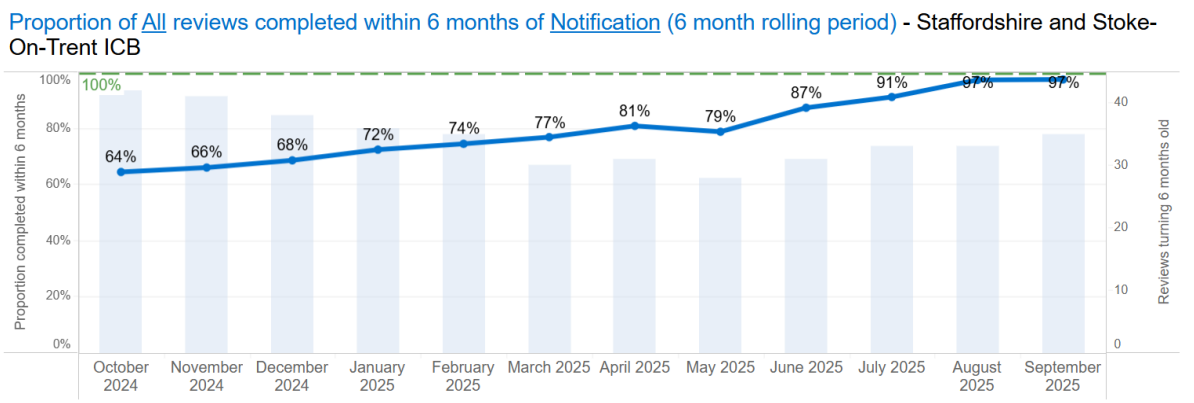
1.0 Home and Host Commissioner

1.1 Following participation in NHS England's Host and Home ICB Guidance Pilot, substantial progress has been made in implementing the home commissioner guidance. Joint improvement initiatives with MPFT and NSCHT have led to full confidence being achieved across twenty-three standards. One standard—feedback from independent advocates—currently reflects partial confidence, with targeted improvement actions underway in collaboration with NHS partners to support progression to full confidence. Since the conclusion of the pilot, the ICB has not received any further correspondence from NHS England. While it remains unclear whether the pilot guidance will be formally published, the ICB has adopted it as best practice and continues to apply it in routine monitoring activities.

1.2 Cygnet Hospital Kidsgrove, a new 31-bed women's mental health facility, offering both acute and rehabilitation services, opened in May 2025. A system-wide quality assurance visit was conducted in October 2025 to enhance understanding of the service's evidence-based, least restrictive care model and to strengthen collaborative oversight among system partners. Routine annual visits to The Moorlands Neurological Centre and St Augustine's in September 2025 resulted in minor recommendations to support continuous improvement.

2.0 Learning from the lives and deaths of people with a learning disability and autistic people (LeDeR) Programme

2.1 In 2024/25, the ICB transitioned to an internal LeDeR review team following challenges with the previous external provider. This change has led to a marked improvement in performance, with review completion rates rising from 54% in September 2024 to 97% (based on rolling 6-month data). In August 2025, the ICB was the joint top-performing system in England, and in September 2025, ranked second nationally, maintaining 97% completion in both months.



3.0 Continuous Quality Improvement (CQI)

3.1 The Quality Improvement Network, a joint venture between Shropshire Telford & Wrekin ICS and Staffordshire & Stoke-on-Trent ICS, has grown by 43%, now engaging 784 members across health and care sectors. New members from primary care, care homes, and social care reflect the network's expanding influence. The October 2025 meeting focused on 'Leading through Change', reinforcing leadership in improvement.

3.2 System NHS organisations have joined cohort 3 (November to December 2025) of NHS IMPACT Operational Improvement Training, aimed at staff in Bands 6 - 8a. The programme strengthens leadership and operational management skills, giving participants practical tools to tackle day-to-day challenges, lead teams effectively, and deliver better outcomes for patients. The ICB is coordinating deployment with partners to ensure a unified approach and maximise reach, supporting leadership and operational capability across the system.

4.0 Looked After Children

4.1 The ICB holds statutory responsibilities for Looked After Children, including responding to local authority requests for health assessments and ensuring timely access to support and services. A risk remains in relation to Initial Health Assessments (IHAs) and Review Health Assessments (RHAs), which have not consistently met statutory periods. However, following investment in the service, performance has significantly improved over the past 12 months. IHA compliance now stands at 84% across all teams. While RHA compliance remains below target due to a historic backlog, the average waiting time has reduced. Progress is monitored through the Corporate Parenting Boards in both Staffordshire and Stoke-on-Trent.

5.0 Quality Impact Assessment (QIA)

5.1 In response to the National Quality Board's good practice principles and NHS England's recommendations from the independent Quality Assurance Review, the ICB is taking a continuous improvement approach to refining its QIA policy. Stakeholder questionnaires have been issued to gather feedback, and two collaborative workshops were held in September 2025 to address key themes—particularly simplifying the QIA tool and improving impact monitoring. Further engagement with the ICB's communications and engagement teams is underway to enhance the design and clarity of the QIA tool and associated intranet pages.

5.2 The Quality and Safety Committee receive updates of any risks identified within QIAs scored eight or above. There was one QIA, completed or presented to QIA panel during August to September 2025, which identified negative quality impacts with a risk rating of eight or more. Further, Quality and Safety Committee were advised that there has been a continued reduction in retrospective QIAs for this bi-monthly reporting period. Work continues to promote the importance of QIAs to support effective decision-making processes and the role of all ICB employees.

6.0 Quality and Safety Through Transition

6.1 As part of national ICB reform, clustering discussions are underway with Shropshire, Telford and Wrekin ICB. The ICB remains committed to fulfilling its statutory duties throughout the transition. A Quality & Safety workstream has been established, co-chaired by both ICB Chief Nursing Officers, to support governance during the transition. Partnership meetings across the cluster have focused on shaping future functions, with an emphasis on strategic commissioning and maintaining compliance with statutory responsibilities.

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

Enclosure 10

AAA Escalation & Assurance Report from Committees

Report To:	Board
Date:	20th November 2025
Reporting Committee / Group:	Quality & Safety Committee
Date of Meeting:	15th October 2025
Meeting Quorate Y/N?	Y
Presenter:	Siobhan Heafield, Non-Executive Member and Committee Chair
Author:	Tracey Finney, Executive Assistant

Key Escalation & Discussion Points from the Committee Meeting:

ALERT
No items of alert were identified.

ADVISE
Perinatal Quality Surveillance The committee received an update on maternity and neonatal services accessed by women and babies from Staffordshire and Stoke-on-Trent The committee were informed the requirements for Safety Action 7 from the Maternity Incentive Scheme have been met for the 2025/25 financial year with the appointment of a Maternity & Neonatal Voice Partnership (MNVP) neonatal lead on a six-month contract. However, the committee noted there was still a potential risk for 2026-27. The committee were made aware of three cases from UHNM due to be heard by the Coroner in October and November. Assurance was given families are being supported by the Maternity Neonatal Independent Senior Advocate and staff are being supported by the Trust. **System Quality Group** The committee received an overview of the System Quality Group (SQG with partners from across health, social care, and the wider ICS in attendance. The committee were made aware of the following new emerging risks.

- Special Educational Needs and Disability (SEND).
- Maternity Neonatal Independent Senior Advocacy (MNISA) Service Pilot. Following evaluation of the pilot NHSE have announced the service will not continue after March 2026.
- Challenges with the Stoke-on-Trent 0-19 service, assurance was provided by the local authority these are currently being managed.
- Tracheostomy consumables and concerns raised following the decision taken by MPFT to cease the provision of these by the district nursing service. The committee noted this was not formally included in the service specification or contract. A task and finish group has been established with an interim measure agreed for consumables to be provide by the district nursing service for patients in receipt of continuing healthcare (CHC) funding.

The committee was informed concerns had been raised about the infant and perinatal mortality group and the lack of progress with the mortality action plan. Assurance was given this had been raised with the lead and a new risk will be added to the ICB risk register.

The committee were made aware of a delay in publishing the report from the Right Care Right Person (RCRP) joint stakeholder review due to MPFT raising some concerns about the findings. MPFT provided assurance to the committee the Trust had not intended to delay the learning process however felt some of the findings needed further review before publication. A further meeting with all stakeholders has been set up to review and agree the findings.

Safeguarding Adults & Children
The committee received an update on safeguarding activity across the system.

The committee's attention was drawn to the impact of changes to health responsibilities in relation to children's social care reforms. An in-depth presentation on the reforms had been presented to the committee deep dive session in September.

The committee were asked to note an increase in reviews including domestic homicide, safeguarding adults and child safeguarding practice reviews, and the impact on provider organisations.

Looked After Children Health Assessments
The committee received an update on the current risks, compliance and progress against the recovery plan.

The committee were informed an improvement has been seen with initial health assessments (IHAs) with compliance now at 84%. Compliance for review health assessments (RHAs) is at 15% although the committee were assured the length of time children are waiting for reviews is decreasing.

The committee was assured that no harms have been identified as a result to delays with either IHAs or RHAs.

ASSURE

Staffordshire SEND & Alternative Provision Strategy 2026-29
The committee received the strategy which had been co-produced by Staffordshire County Council and Staffordshire & Stoke-on-Trent ICB working alongside health professionals, and children, young people and their families/carers.

The committee **approved** the Staffordshire SEND & Alternative Provision Strategy 2026-29. It was noted approval had been given from a health perspective only and approval from Staffordshire County Council would be sought separately. **The ICB Board will need to ratify this decision.**

Special Educational Needs & Disability (SEND)
The committee received an overview of the partnership work taking place with health providers, education and social care to improve the outcomes and lived experience for children with SEND and their families.

The committee noted there has been a significant increase in the number of children requiring education, health and care plans (EHCPs). The committee also noted the impact on other services such as speech and language therapy and the waits for autism assessments and diagnosis.

The committee were made aware of the challenges with private diagnosis and treatment with these only being accepted by MPFT and NSCHT if the criteria set out in the NICE guidance is met.

The committee was assured local actions are in place and partnership working is taking place with both local authority partners to deliver the SEND agenda.

Review & Commissioning of Outbreak Clinical Response
NHS guidance on clinical response to infectious disease outbreaks was issued nationally in March 2025 and a report was brought to the committee in April 2025.

The committee received an update on the work that has taken place since. This included a review of provision through existing pathways and gap analysis against a number of domains. The committee were assured strong provision was provided by the MPFT Infection, Prevention and Control (IPC) Team. It was noted there were still some gaps with GP out of hours provision which are being addressed with the new out of hours provider.

The committee noted a key risk for winter was limited IPC capacity across the system but were assured this had been escalated to winter oversight meetings and solutions were being considered.

The committee were informed robust clinical response pathways are in place for infectious disease outbreaks with continuous testing taking place.

The committee were assured on the findings and recommendations from the review and the robust clinical response pathways that have been commissioned.

Children & Young People Complex Case Funding
The committee received an update on the proposed change to ICB resourcing for local authority children and young people (CYP) complex needs panels to support improved decision making through appropriate clinical and quality oversight.

The committee noted the paper had also been presented at the ICB Executive meeting and the Strategic Commissioning & Transformation Committee.

The committee were informed the proposal was part of a long-term plan to ensure the needs of CYP are being met.

The committee ***supported*** the proposal that senior clinical support was agreed at panels from the ICB or NHS providers and an overall improvement programme of work associated with the functionality, accountability, leadership and decision making of panels and other areas of responsibility.

University Hospitals of Derby & Burton Foundation Trust (UHDB) Gynaecology Review Panel Final Report
The committee received a summary of the key findings, learning and actions from the independent gynaecology review published by UHDB on the 1st of October 2025 and commissioned by the Trust into the practice of a former consultant and the care delivered to women between 2015 and 2018.

The committee were assured of the actions being taken by UHDB and also noted the role of Derby and Derbyshire ICB as lead commissioner in taking forward shared learning alongside the Trust.

Continuous Quality Improvement (CQI)
The committee received an overview of and were assured on the continuous quality improvement work being undertaken at a system level.

The committee were informed a review of the purpose of the CQI group is taking place due to engagement and attendance challenges. The roll out of national quality improvement training has continued across provider Trusts. An update on CQI work taking place across provider Trusts was also provided.

The committee proposed the production of an annual report highlighting the CQI work that has taken place and this was taken away for further consideration.

Quality Impact Assessment (QIA)
The committee received an overview of and were assured on the QIA work programme and the actions being taken to ensure the ICB fulfils its statutory duty to have regard to all likely effects of decisions.

The committee were informed there had been a reduction in the number of retrospective QIAs completed in the period August to September. The committee were also made aware of a significant increase in QIAs completed in quarter 2 with analysis being undertaken to understand this further.

The committee were informed a continuous improvement approach is being taken to refine the ICB's QIA policy following publication of the National Quality Board guidance and the NHSE review. Feedback from stakeholders is also being taken into account.

Quality Oversight Dashboard
The committee received the quality oversight dashboard 2025-26 at month 5.

The committee's attention was drawn to the wheelchair service and the increase in the number of patients waiting over eighteen weeks. The committee were assured a joint investigation is underway and a review will take place once complete to determine if any further actions are required.

The committee were made aware of an increase in restrictive practice within the national data for MPFT. However, assurance was given the Trust is undertaking a data validation exercise as this did not reflect their internal dashboard.

Host & Home Commissioner
The committee received an overview of issues and best practice relating to independent hospitals where the ICB is host commissioner and progress in relation to the implementation of the NHSE Midlands Mental Health Host Commissioner ICB Guidance pilot programme.

The committee were made aware of patient safety concerns at Ballington Hospital. Assurance was provided the ICB had attended a quality summit convened by the provider in August and had also undertaken a quality assurance visit in September. A comprehensive improvement plan has been put in place and will be reviewed at monthly engagement meetings. The committee were informed positive annual quality assurance visits had taken place at the Moorlands Neurological Centre and St Augustine's during September with no immediate concerns identified.

The committee were assured that all areas in the baseline assessment tool in the host and home ICB guidance pilot are rated as fully confident with the exception of one rated as partial confidence.

Regional Safety Staffing Heatmap – Developing Workforce Standards
The committee received an update and were assured on the completion of the development workforce standards self-assessment 2025 and submission of evidence against twelve key lines of inquiry by all provider Trusts.

AP Independent Learning Review
The committee received a presentation on the independent learning review for a young person commissioned by the ICB on behalf of the health, social care, education and justice system.

The committee were assured the independent reviewer had kept the young person concerned at the heart of the review process and that a number of individual actions for providers and strategic actions for the whole system are being taken forward.

The committee requested an in-depth presentation on how actions and identified next steps are being progressed at a future deep dive session.

System-ICB Risks / Board Assurance Framework (SBAF):

Risk Register
The committee received and noted the Risk Register.

The committee:

- Discussed *Risk 1430 Inadequate provision of Epilepsy Nurse Specialists to meet quality requirements across system for children*. It was noted the residual score of 16 had remained static since December 2024 and the target deadline was set as the 31st of October 2025.
- Discussed *Risk 1239 Neonatal consultant workforce*. It was noted the risk had exceeded the target date of the 30th of September 2025, and it was recommended the risk owner review and reassess the score and target date.
- Discussed the proposal to add Risk 1606 *A risk that families may experience compounded harm as a result of delays surrounding perinatal post-mortem examinations* to the risk register. The committee noted the mitigating actions were unclear and asked for further information on the system actions required and therefore did **Not Approve** new risk 1606 for inclusion on the register.

Policies Approved:

None discussed.

Decisions to be Escalated to ICB Board:

The Quality & Safety Committee **approved** the Staffordshire SEND & Alternative Provision Strategy 2026-29. It was noted approval had been given from a health perspective only and approval from Staffordshire County Council would be sought separately. **The ICB Board will need to ratify this decision.**

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

Enclosure 11a

AAA Escalation & Assurance Report from Committees

Report To:	Integrated Care Board
Date:	20th November 2025
Reporting Committee / Group:	Staffordshire and Stoke-on-Trent Health and Care Senate
Date of Meeting:	11th September 2025
Meeting Quorate Y/N?	Yes
Presenter:	Rachel Gallyot, Interim Chief Medical Officer and Senate Chair
Author:	Rachel Gallyot

Key Escalation & Discussion Points from the Committee Meeting:

ALERT
None.

ADVISE
1) Integrated Medicines Optimisation Group (IMOG) Approvlas a) The Formulary Review Group have undertaken a review of the Gastrointestinal (GI) chapter of the Formulary and this was considered by IMOG in May. b) A number of NICE TAs for specialist NHSE funded drugs were considered and these are recommended for entry onto the formulary as RED drugs.

There were 4 ICB funded NICE TAs considered by IMOG. Molnupiravir is a third line drug for treating COVID-19, provided by the COVID Medicines Delivery Unit, and therefore recommended for entry on the formerly as a RED drug. Relugolix–estradiol–norethisterone is a triple drug and Linzagolix is a single agent, both are approved by NICE for treating symptoms of endometriosis. A decision was made by IMOG to classify them both as RED drugs, on an interim basis, awaiting the production of a pathway for the treatment of endometriosis. Dapagliflozin is already used for chronic kidney disease, based on a previous NICE TA, the purpose of this NICE TA is to bring the recommendations in line with another SGLT2, empagliflozin. Dapagliflozin remains GREEN on the formulary so it can be initiated by any clinician.

c) A self-care toolkit has been produced, to provide guidance to care homes, to enable them to support residents in self-care, for selected minor conditions. The toolkit gives advice on how to manage medicines that would be purchased by the resident and administered by the carer and includes advice on safe administration, storage and recording of administration. The toolkit is in line with national and local policy and covers just over 30 conditions. The Local Authority have been engaged and are supportive of the toolkit.

d) A Homely Remedies toolkit has been produced, to provide guidance and support to care homes, enabling them to stock some common drugs that can be used for pain, indigestion, constipation, diarrhoea and cough. The toolkit provides advice on storage, administration and associated record keeping. The Local Authority have been engaged and are supportive of the toolkit.

e) A decision has been made to maintain the RED status for Mounjaro for weight loss as it is now known that the weight loss pathway will be provided, via specific hubs, that have been commissioned to provide the weight loss services.

f) A minor amendment has been made to the Shared Care Agreement for oral psychotics, and this is included for information only.

Following the presentation the following clarification points were provided: -

- A small spelling error was noted in the Homely Remedies Toolkit.
- The Senate highlighted the importance of cascade of the Antimicrobial Prescribing guidelines and ensuring that clinicians are meeting best practice when making decisions. Assurances were given that there is an implementation plan and plans for publication and socialisation of the guidance.
- Discussions were held regarding issues faced in primary care, when medications are prescribed in secondary care and then primary care has to continue prescribing those medications. It was confirmed that the recommendations in the Antimicrobial Prescribing guidelines are for patients presenting in primary care but could be utilised by secondary or community trust if they wished. It was added that the continuation of prescribing of antimicrobial treatment would be a rare occasion, which may be due to a hospital acquired infection that requires a different approach.
- Discussions were held regarding the quality of some generic discharge letters, when general practice is asked to continue treatment, and the requirement for the name and qualification of the individual to be provided, to ensure that they have prescribing rights. The Pharmacy Director for UHNM was present at the meeting and agreed that it is important to have the rationale, behind clinical decisions, and any examples from UHNM can be sent to her for further investigation.

The Senate **approved** IMOG decisions (a) to (e), including the GI formulary review from the meeting held on 4th June 2025, the NICE TAs, Self-care toolkit and Homely Remedies toolkit, from the meeting held on 2nd July 2025, and the fast-tracked Antimicrobial Prescribing Guidance, from the meeting held on 6th August 2025.

2) **SSOT ICB Infertility Pathway and Prior Approval Process**

The Assisted conception policy was reviewed in March 2025, including a review of the clinical pathway for some fertility, and some historic commissioning and referral process differences were identified. Engagement was undertaken, with consultants at UHNM and UHDB, to develop a fertility pathway, which provides clear expectations to referrers, and patients, along the different stages of the pathway. The purpose of the pathway is to standardise the assessment process and provide clarity on expectations, for both males and females, depending on the clinical presenting conditions. Assisted conception is a restricted procedure and, to provide a standardised process, a prior approval process is suggested, which will be managed via Blueteq, in the same way as other restricted procedures. Providers would be expected to fill out a Blueteq form and obtain a prior approval number, before referring patients onwards to tertiary services. A patient information leaflet has been developed, which will be available via the Women's Health page on the IBC website. Approval is sought from the Senate for the pathway, prior approval process and the patient information leaflet.

Following the presentation the following clarification points were provided: -

- The Senate welcomed having a pathway linked to policy to give clear guidance.
- The Senate highlighted the inequity across the South and North of the County and asked whether the aim was to level up services. It was confirmed that the pathway is aimed at aligning process, rather than about access to assessments or treatments.
- The Senate asked for confirmation that there had been no reduction in the policy and that the pathway was about process. It was confirmed that the policy was agreed in March 2024, and this is about documenting the clinical pathway and not looking at the eligibility criteria. The clinical pathway has been designed in line with NICE guidance and engagement has been undertaken with consultants. The pathway has also been sent to the Primary Care Network Leads to engage with wider primary care.
- Confirmation was provided that the Quality Impact Assessment (QIA) has now been competed as a gateway one with concerns or negative impacts.

The Senate **approved** the clinical pathway for sub-fertility, the prior approval process and the patient information leaflet.

3) System Winter Surge Plan 2025/26

The Senate received a presentation titled 'Staffordshire & Stoke-on-Trent System Winter Surge Plan'. Following the presentation the following clarification points were provided.

- The importance of ensuring Local Authorities were included in winter plans was highlighted, as a lot of out of area placements are due to delays with social care assessments. The Senate recognised that Local Authority involvement was evident.
- The Senate members asked whether the Winter Plan as backed by a Workforce plan, to ensure that there are the people to deliver the plan. Assurances were provided that workforce is a key focus of the Winter Plan, and the Winter Oversight Forum, and that all providers have workforce plans associated with their own winter actions.

The Senate **clinically approved** the System Winter Surge Plan 2025/26.

ASSURE
None.

System-ICB Risks / Board Assurance Framework (SBAF):
The Senate receives the SBAF and Risk Register, for information, in May and October. However, due to a delay with the Risk Register being presented to Q&SC this has been deferred to the November Senate.

Policies Approved:
None discussed.

Decisions to be Escalated to ICB Board:

- The Senate **approved** IMOG decisions (a) to (e), including the GI formulary review from the meeting held on 4th June 2025, the NICE TAs, Self-care toolkit and Homely Remedies toolkit, from the meeting held on 2nd July 2025, and the fast-tracked Antimicrobial Prescribing Guidance, from the meeting held on 6th August 2025.
- The Senate **approved** the clinical pathway for sub-fertility, the prior approval process and the patient information leaflet.
- The Senate **clinically approved** the System Winter Surge Plan 2025/26.

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

Enclosure 11b

AAA Escalation & Assurance Report from Committees

Report To:	Integrated Care Board
Date:	20th November 2025
Reporting Committee / Group:	Staffordshire and Stoke-on-Trent Health and Care Senate
Date of Meeting:	9th October 2025
Meeting Quorate Y/N?	Yes
Presenter:	Rachel Gallyot, Interim Chief Medical Officer and Senate Chair
Author:	Rachel Gallyot

Key Escalation & Discussion Points from the Committee Meeting:

ALERT
None.

ADVISE
1) Integrated Medicines Optimisation Group (IMOG) Approvals – August 2025 a) A number of NICE TAs for specialist NHSE funded drugs were considered and these are recommended for entry onto the formulary as RED drugs. b) A NICE TA for an ICB funded drug called Mirikizumab, for treating severe Crohn's disease, was recommended for entry onto the formulary as a RED drug for use in secondary care. The Crohn's disease pathway was updated to include Mirikizumab and was approved by IMOG. c) The Pain Management Guidelines and summary were presented, following further engagement with general practice, around the non-pharmacological and assessment aspects of the guidelines.

Discussions were held, regarding issues raised about opioid prescribing, during the engagement process with general practice, with concerns regarding opioids being issued in discharge settings, A&E and particularly orthopaedics. A request was made around addressing discharge information, in respect of length of treatment and rationale for prescribing, as it was difficult for general practice to stop prescribing, when there is no end date on the discharge communications. Following discussions on the topic, it was agreed that a separate, multidisciplinary, Task and Finish Group would be established, by Amin Mitha, to further discuss and resolve this issue.

The Senate **approved** IMOG decisions (a)–(c) from the meeting held on 6th August 2025.

2) **Minor Hand Surgery Procurement Service Specification**

The revised service specification for Community Minor Hand Surgery covers the Staffordshire and Stoke on Trent (SSoT) Integrated Care Board (ICB) area, except for Stafford and Surrounds and Cannock Chase, which are covered under a Trust block arrangement. The service specification is used with the main provider, and a revision has been undertaken, for procurement purposes, to harmonise carpal tunnel and trigger finger across the service delivery. There are currently other provides, however, only the main provider delivers both carpal tunnel and trigger finger surgery and the service specification aims to harmonise that, across the SSoT area. The service specification has already been presented to the Planned Care, Cancer and Diagnostics Programme Board, Procurement Operational Group (POG) and Finance and Performance Committee (F&PC). The service specification also standardises the MSK service for triaging all MSK referrals, across all providers that might bid for the service.

Following the presentation the following clarification points were provided: -

- A Quality Impact Assessment (QIA) has been submitted and is being reviewed by the Quality Team. An Equality Impact Assessment (EIA) has been submitted and approved.

The Senate **clinically approved** the revised service specification for Community Minor Hand Surgery services.

ASSURE
None.

System-ICB Risks / Board Assurance Framework (SBAF):
The Senate receives the SBAF and Risk Register, for information, in May and October. However, due to a delay with the Risk Register being presented to Q&SC this has been deferred to the November Senate.

Policies Approved:
None discussed.

Decisions to be Escalated to ICB Board:
• The Senate **approved** IMOG decisions (a)–(c) from the meeting held on 6th August 2025. • The Senate **clinically approved** the revised service specification for Community Minor Hand Surgery services.

Staffordshire and Stoke-on-Trent Integrated Care System

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure No: 12

Report to:	**Integrated Care Board**					
Date:	**20 November 2025**					
Title:	**Report to the ICB Board on Performance and Finance**					
Presenting Officer:	Claire Finn – Chief Finance Officer					
Author(s):	Colin Fynn – Head of Intelligence and Analytics, Matthew Shields – Head of System Finance					
Document Type:	Report		If Other: Click or tap here to enter text.			
Action Required (select):	**Information (I)**	☒	**Discussion (D)**	☐	**Assurance (S)**	☒
	Approval (A)	☐	**Ratification (R)**	☐	*(check as necessary)*	
Is the decision within SOFD powers & limits	**Yes / No**	NO				
Any potential / actual Conflict of Interest?	**Yes / No**	NO *If Y, the mitigation recommendations –* Click or tap here to enter text.				
Any financial impacts: ICB or ICB?	**Yes / No**	NO *If Y, are those signed off by and date:* Click or tap here to enter text.				
Any impacts on ICB Undertakings?	**Yes / No**	YES *If Y, are those signed off by and date:* Click or tap here to enter text.				
Appendices:	Performance and Finance report					

(1) Purpose of the Paper:

The purpose of this paper is to provide the board with a summary of performance and finance as received at the System Performance Group (SPG) and discussed at the System Finance & Performance Committee (SFPC). It outlines at a high level the current position of key system metrics and aligned programme delivery against the Integrated Care System (ICS) Annual Operational Plan and our month 6 finance position.

(2) History of the Paper & Whether for I-D-S-A-R (as above):	Date
System Performance Group (I)	**29 October 2025**
System Finance & Performance Committee (S, D)	**29 October 2025**

(3) Implications:

Legal or Regulatory	Monitoring performance is a statutory duty of the ICB.
CQC or Patient Safety	Where non-delivery of activity indicates an adverse impact on patient safety this is investigated by the ICB Quality Team and pursued through the Clinical Quality Review Meeting (CQRM).
Financial (CFO-assured)	As outlined in the body of the report.
Sustainability	N/a
Workforce or Training	N/a

Equality & Diversity	N/a
Due Regard: Inequalities	N/a
Due Regard: wider effect	N/a

(4) Statutory Dependencies & Impact Assessments:

		Yes	No	N/A	Details
Completion of Impact Assessments:	**DPIA**	☐	☐	☒	*If N, why* Click or tap here to enter text. *If Y*, Reported to IG Group on Click or tap to enter a date.
	EIA	☐	☐	☒	Click or tap here to enter text.
	QIA	☐	☐	☒	*If N, why* Click or tap here to enter text. *If Y*, signed off by QIA on Click or tap to enter a date.
Has there been Public / Patient Involvement?		☐	☐	☒	Although there has been ICS Finance / DoF engagement in co-producing the strategy

(5) Integration with the System Board Assurance Framework & Key Risks:

SBAF1	Responsive Patient Care - Elective	☒	**SBAF5**	High Quality, Safe Outcomes	☒
SBAF2	Responsive Patient Care - UEC	☒	**SBAF6**	Sustainable Finances	☒
SBAF3	Proactive Integrated Community Services	☒	**SBAF7**	Improving Productivity	☒
SBAF4	Reducing Health Inequalities	☒	**SBAF8**	Sustainable Workforce	☒

(6) Executive Summary, incl. expansion on any of the preceding sections:

The report was discussed at the System Finance and Performance Committee (SFPC) on the 29th October 2025.

Performance

The group were updated on current operational performance. Areas of discussion focused on;

- **Consultant Outpatient Follow Up attendances** remain consistently above plan. Improved patient flow and operational planning at trust level essential to impact trajectory.
- The **Referral to Treatment** 52 week wait target, measuring the percentage of 52 week waiters against the overall waiting list is 0.1% off plan at month 5, consistent with previous monthly performance.
- There were 151 patients waiting in **excess 65 weeks** at month 5, with little reduction during the previous 3 months due to a combination patient choice and service capacity issues.
- **Urgent and Emergency Care** (UEC) pressures are impacting a number of metrics. A&E 4 hour and 12 hour performance standards are off trajectory in September, noted by high volumes of flu and complex patient presentation.
- **Ambulance Handover** delays also impacted by the challenges within Emergency portals, drifting back up to 1 hour and 23 minutes on average in September.
- **Virtual Ward** occupancy rates remains below the target of 80%, with 62% reported in September. the same as the previous month at 60.9% against a target of 80%.
- The volume of inappropriate **adult mental health out of area placements** remains high in August with 24 reported in against a plan of 5. Reduced bed availability and a high number of patients clinically ready for discharge causing delays.
- The mean wait for an **autism assessment** for Children and Young People is 115 weeks in the North and 102 weeks in the South, above the plan of 36 weeks for both geographies. Increases referrals and caseloads reflecting national trends in demand.

Finance

- At month 6, the system is reporting a £21.2m deficit, representing **a £0.7m favourable** variance against the planned £21.9m deficit (an improvement from £0.5m favourable at month 4). Year-to-date, this includes deficits of £12.1m for the ICB, £13.0m at UHNM partial offset with surpluses of £3.8m at MPFT, and £0.1m at NSCHT. While the overall position remains broadly on track, the key driver of variances continues to be lower than planned efficiency delivery, offset by a number of non-recurrent mitigations.
- The reported system **efficiency delivery YTD** is £16.5m behind our submitted plan of £130.9m, this comprises of ICB (£10.6m), MPFT (£0.1m), NSCHT (£1.1m) and UHNM (£4.7m). As a system this equates to 87% delivery YTD. We are continuing to monitor the development of the efficiency plans weekly with the month end position included on page 6. UHNM have submitted a recovery plan to NHSE which improves the forecast delivery.
- As a system we are **forecasting to meet our year end financial plan of break even**, subject to the receipt of £95m deficit support funding (DSF). Net risk has reduced marginally to £24.7m at month 6 slightly down from £25.5m at month 5. This net risk is primarily made up of efficiency risk (£40.1m), additional cost risk (£25.3m) and offset by non-recurrent mitigations and anticipated allocations. UHNM holds the remaining net risk of £24.7m, with all other partners having fully mitigated their positions. Included in UHNM recovery plan is a number of non recurrent items which will impact from month 7 reporting and will improve the overall net risk position to £13.5m.
- As a system we were able to submit a compliant **capital plan** which relied on successful applications for Return to Constitutional Standards capital, Estates Safety capital and Freedoms and Flexibilities capital. At month 6 we are underspending against plan by £6.1m although all providers remain on forecast to meet their plans. Penalties for next year's allocation are based on deviations from the forecast at month 8.

(7) Recommendations to Board / Committee:

The Integrated Care Board is asked to:

1. Acknowledge the performance overview.
2. Acknowledge the financial position.

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

Performance and Finance Report

October 2025

Prepared for the ICB Board by the ICB Intelligence Team & Finance Team

Planned Care

Programme	Measure Name	Currency	ICB / Provider	Reporting period	Current Month & direction from previous month		Target		Variance	Plan / baseline	Variance	Trend from April 2024 to current month
Electives	Elective - ordinary spells	Number	ICB	Aug-25	2,008	▼	n/a		-	2,023	-15	
	Elective - day case spells	Number	ICB	Aug-25	14,762	▼	n/a		-	15,320	-558	
	First outpatient attendances - Consultant-led	Number	ICB	Aug-25	41,339	▼	n/a		-	40,126	1,213	
	Follow-up outpatient attendances - Consultant-led	Number	ICB	Aug-25	64,113	▼	n/a		-	62,532	1,581	
Referral to Treatment (RTT)	Time to first attendance, waiting less than 18 weeks	%	ICB	Aug-25	70.6%	▲	71.8%	March 2026	*-1.1%*	66.9%	3.7%	
	Total waiting list (Referral to Treatment - Incomplete Pathways)	Number	ICB	Aug-25	139,133	▼	147,032	March 2026	*-7,899*	150,257	-11,124	
	% Patients waiting less than 18 weeks (Referral to Treatment - Incomplete Pathways)	%	ICB	Aug-25	63.3%	▲	63.4%	March 2026	*-0.2%*	59.3%	4.0%	
	% Patients waiting more than 52 weeks (Referral to Treatment - Incomplete Pathways)	%	ICB	Aug-25	2.0%	▼	0.8%	March 2026	*1%*	1.9%	0.1%	
	Number patients waiting more than 65 weeks (Referral to Treatment - Incomplete Pathways)	Number	ICB	Aug-25	151	▲			*151*	0	151	
Diagnostics Tests	Diagnostic test activity	Number	ICB	Aug-25	50,034	▼	n/a		-	59,554	-9,520	
	Diagnostic Test Waiting List less than 6 weeks	%	ICB	Aug-25	70.0%	▲	n/a		-	67.5%	2.6%	
Cancer	People treated beginning first or subsequent treatment of cancer within 31 days	%	ICB	Aug-25	92.2%	▼	94.0%	March 2026	*-1.8%*	92.4%	-0.2%	
	Total patients seen within 62 days (on cancer 62 day pathway)	%	ICB	Aug-25	64.9%	▼	75.2%	March 2026	*-10.3%*	70.1%	-5.3%	
	Cancer 28 day waits (faster diagnosis standard)	%	ICB	Aug-25	76.6%	▼	80.0%	March 2026	*-3.4%*	77.4%	-0.8%	
	Lower gastrointestinal (GI) referrals with an Faecal Immunochemical Test (FIT) result (Year to Date Cumulative)	%	ICB	Aug-25	72.7%	▲	n/a		-	70.0%	2.7%	
Procedures Completed (Local Metric)	Increase the proportion of procedures completed in outpatients or as a day case (UHNM)	%	UHNM	Aug-25	89.1%	▲	n/a		-	87.2%	1.9%	
Community	Community care contacts	Number	ICB	Jul-25	155,755	▲	n/a		-	155,712	43	
	52+ weeks in community services	Number	ICB	Aug-25	2	▼	n/a		-	12	-10	
	Combined elective/non-elective length of stay (LOS) - community beds	Bed days	ICB	Aug-25	17.6	▼	n/a		-	18.6	-1.0	

Key to arrows showing direction from previous month	
▲	Improved with a higher value than the previous month,
▼	Improved with a lower value than the previous month
▲	Deteriorated with a higher value than the previous month
▼	Deteriorated with a lower value than the previous month
⇨	Equal to the previous month
n/a	not available

Key to variation Colour	
Red	Negative impact / unwanted variation
Green	Positive impact / desired variation
Yellow	No change / equal
Black	Not applicable / not available

Planned Care National Planning Metrics off Plan and Actions, 1 of 4

Programme Area	Metric	Drivers for underperformance	Top 3 Planned actions provided by portfolio
Electives	Elective spells (ordinary and day case) In August 2025, the number of both day case and ordinary (i.e. overnight) elective spells was below plan (-558 for day case and -15 for ordinary spells). This is the first month in 2025/26 where combined, the activity has not achieved or exceeded plan. Year To Day (YTD) position is exceeding plan by 2,956 spells (3.3%).	• **All main providers** experienced a reduction in activity during August 2025 compared to previous months. • At **University Hospitals North Midlands** (UHNM), this decline was primarily driven by scheduled theatre maintenance and a temporary reduction in endoscopy activity. Operational constraints contributed significantly to the overall dip in performance. • Activity levels are anticipated to return to normal from September onwards as services resume standard operating capacity.	1. No immediate operational actions outlined or required at this stage, as year-to-date Day Case and Elective activity remains above planned levels. 2. ICB Business Intelligence Team to review September 2025 activity data upon receipt (expected first week of November). 3. Further action to be considered only if September data indicates a sustained reduction in activity or deviation from planned trajectories.
	Follow-up outpatient attendances - Consultant-led In August 2025, there were 64,113 Outpatient Follow-Up attendances, against a plan of 62,532 (a variance of 1,581 attendances). So far this year, there have been 24,961 (7.6%) more follow-ups than planned.	• Drivers remain consistent with those reported in the previous month. • Although there has been a reduction in Follow-Up attendances compared to 2024/25 levels, providers, particularly NHS providers, have not yet reduced activity to the planned levels.	Actions remain the same as last month: 1. Indicative Activity Plans (IAPs) have been agreed with the two main **Independent Sector Providers** of acute care for ICB. These specify the new to follow up rates for outpatients by specialty. These IAPs are effective from 1st July 2025 to 31st March 2026 and require providers to not breach agreed levels of activity. Providers are being actively managed through the Contract Management process. 2. Work looking at productivity metrics has identified areas where levels of follow-up attendances are above peer organisations. This work is informing the planning round for 2026/27.

Planned Care National Planning Metrics off Plan and Actions, 2 of 4

Programme Area	Metric	Drivers for underperformance	Top 3 Planned actions provided by portfolio
Referral to Treatment (RTT)	Number patients waiting more than 65 weeks (Referral to Treatment - Incomplete Pathways) Across **all providers** there were 151 patients waiting over 65 weeks to start treatment at the end of August 2025. This is an increase from 140 at the end of July 2025.	• Of the 151 patients currently waiting, 95 are at **UHNM**, indicating a concentration of delays at this provider. • Key specialties contributing to the backlog include: Ear, Nose and Throat (ENT): 24 patients. Orthopaedics: 18 patients. Oral Surgery (Maxillofacial Surgery): 16 patients. Ophthalmology: 14 patients • Recovery efforts are being impacted by several factors: Patient choice, which can delay scheduling and treatment. Staff sickness, affecting service capacity. Theatre maintenance at **County Hospital** (UHNM), reducing available operating time and throughput (concluded in August)	1. Ear, Nose and Throat (ENT), which includes Maxillofacial Surgery: **UHNM** has developed a business case to expand workforce and capacity. Insourcing capacity is currently being utilised to support service delivery pending full implementation of the business case. 2. Ophthalmology: A service review has commenced at **UHNM** to assess current capacity against demand and identify opportunities for improvement. 3. Orthopaedics: Weekend activity has been reinstated at **UHNM** to increase throughput and reduce waiting times.
	% Patients waiting more than 52 weeks (Referral to Treatment - Incomplete Pathways) At the end of August 2025, there were 2,829 ICB patients waiting over 52 weeks at **all providers**. This is below the planned trajectory of 2,980, and a reduction from the number waiting at the end of July 2025 (3,197). As a percentage of the total waiting list, 2.0% of patients were waiting over 52 weeks, against a target of 1.9% (0.1% over plan). For patients aged under 18, there were 168 patients waiting over 52 weeks at the end of August 2025. 54 were in Ear Nose and Throat, 36 in Orthopaedics, and 18 in Oral Surgery.	• Drivers for 52-week breaches will reflect those for 65-week breaches (above).	

Planned Care National Planning Metrics off Plan and Actions, 3 of 4

Programme Area	Metric	Drivers for underperformance	Top 3 Planned actions provided by portfolio
Diagnostic Tests	Diagnostic test activity Total Tests Completed: 50,034 Variance from Plan: 9,520 fewer tests (19.0% below plan of 59,554). YTD position: 39,404 fewer tests (3.3%) than plan. Computed Tomography(CT) below plan by 7,845 scans (38.1%). Non-Obstetric Ultrasound (NOUS): Continued reduction in backlog. Patients waiting >6 weeks reduced from 11,337 (April) to 8,077 (August) Waiting Times: Patients Seen Within 6 Weeks: 70.0% (above plan of 67.5%)	• **UHNM**, the 2025/26 CT activity plan was set 34% higher than the actual delivery in 2024/25 to meet rising demand. However, activity has not increased in line with the assumed planned uplift and remains consistent with 2024/25 levels. No issue with waits over 6 weeks.	1. Computed Tomography (CT) activity levels in line with 2024/25. **2.** **UHNM** continued to reduce the Non-Obstetric Ultrasounds backlog partly through continuation of transfer of patients to Cannock Community Diagnostic Centre.
Cancer	People treated beginning first or subsequent treatment of cancer within 31 days Performance in August 2025 for ICB (**all providers**) was 92.2% against a target of 93.2%. Total patients seen within 62 days (on cancer 62 day pathway) Performance in August 2025 for ICB (**all providers**) was 64.9% against a target of 70.1%.	• The reduction in ICB performance for the 62-day cancer standard between July and August 2025 is primarily driven by declining performance at the main acute providers: **UHNM** decreased from 70.6% in July to 67.7% in August. **UHDB** saw a more significant drop from 69.9% in July to 62.7% in August. • At **UHNM**, an increase in skin cancer referrals during August 2025 further impacted performance, contributing to delays in pathway progression and treatment within the 62-day standard.	1. At **UHNM**, a collaborative working group has been established involving Histopathology, Clinical Directorates, and Cancer Services to identify and triage specimens appropriately, aiming to streamline reporting pathways and improve turnaround times. 2. For skin cancer patients, **UHNM** have outsourced activity to third party organisation to reduce the backlog. 510 patients have been allocated to the third party organisation. 3. At **UHDB**, NHSE Intensive Support Team are currently supporting a Demand and Capacity exercise.

Planned Care National Planning Metrics off Plan and Actions, 4 of 4

Programme Area	Metric	Drivers for underperformance	Top 3 Planned actions provided by portfolio
Cancer	Cancer 28 day waits (faster diagnosis standard) Performance in August 2025 for ICB (**all providers**) was 76.6% against a target of 77.4%.	• Driver for reduction in ICB performance (from July 2025 to August 2025) for 28-day metric is due to reduction in performance at **UHNM**; reduced from 77.3% in July 2025 to 75.6% in August 2025. • A contributing factor to reduced performance at **UHNM** within the suspected lower gastrointestinal cancer pathway has been communication delays in the texting service and quick win letters with patients. Work is now underway to resolve this, which should support improvements going forward.	1. Daily and weekly oversight of the Patient Tracking List (PTL) is in place, with escalations to relevant specialties to ensure data completeness and accuracy. 2. The Cancer Validation Lead is conducting spot checks on breaches to ensure compliance with national cancer waiting time guidance. 3. The Cancer Team is actively escalating consultant reviews during PTL meetings to support timely decision-making and pathway progression.

Urgent and Emergency Care

Programme	Measure Name	Currency	ICB / Provider	Reporting period	Current Month & direction from previous month		Target		Variance	Plan / baseline	Variance	Trend from April 2024 to current month
Urgent and Emergency Care (UEC)	A&E Type 1-3 - less than 4 hours	%	UHNM	Sep-25	67.7%	▼	78.0%	March 2026	-10.3%	77.6%	-9.9%	
	A&E Types 1 & 2 - more than 12 hours	%	UHNM	Sep-25	16.4%	▲	16.65%	2025/26	-0.3%	14.5%	1.9%	
	Ambulance handover time (average)	Minutes	UHNM	Sep-25	01:23:07	▲	00:43:00	March 2026	00:40:07	00:45:00	00:38:07	
	Total Non-Electives spells	Number	UHNM	Aug-25	6,748	▼	n/a		-	7,182	-434	
	Non-elective average of Length of Stay	Bed days	UHNM	Aug-25	7.06	▼	n/a		-	7.50	-0.44	
	General and Acute bed occupancy	%	UHNM	Aug-25	88.1%	▼	n/a		-	89.7%	-1.6%	
	Average delay - bed days lost through discharge delays	Days	UHNM	Aug-25	3.7	▲	n/a		-	3.5	0.2	
	Virtual Ward Occupancy	%	ICB	Sep-25	62.3%	▲	n/a		-	80.0%	-17.7%	
	Urgent Community Response (UCR) referrals	Number	ICB	Aug-25	910	▲	n/a		-	713	197	
Urgent and Emergency Care (UEC) (Local Metrics)	Childrens A&E Type 1 - 4hr performance	%	UHNM	Sep-25	85.7%	▲	78.0%	March 2026	7.7%	-	-	
	Urgent community response (UCR) - patients seen within 2 hours	%	ICB	Aug-25	82.2%	▼	70.0%		12.2%	70.0%	12.2%	
	Ambulance Hours lost due to Handover delays > 15min (UHNM)	Minutes	ICB	Sep-25	5,958	▲	n/a		-	3,945	2,013	
	Ambulance Compliance - % Handovers within 45 minutes	%	UHNM	Sep-25	57.5%	▼	100%	March 2026	-42.5%	-	-	
	Readmissions	Number	ICB	Aug-25	324	▼	n/a		-	707	-383	

Key to arrows showing direction from previous month	
▲	Improved with a higher value than the previous month,
▼	Improved with a lower value than the previous month
▲	Deteriorated with a higher value than the previous month
▼	Deteriorated with a lower value than the previous month
⇨	Equal to the previous month
n/a	not available

Key to variation Colour	
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Yellow	No change / equal
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Urgent and Emergency Care Metrics off Plan and Actions, 1 of 3

Programme Area	Metric Name	Drivers for underperformance	Top 3 Planned actions provided by portfolio
Urgent and Emergency Care (UEC)	A&E Type 1-3 4hour Performance (**UHNM**) 4-hour Performance at University Hospitals North Midlands (UHNM) fell by 1.9% during September 2025 to 67.7%, 9.9% below plan for the month.	• Surges in demand have led to capacity pressures across all Emergency Department portals, contributing to delays and underperformance in emergency care delivery. • A marked increase in Type 1 Resus patients during September 2025 at UHNM has required greater clinical capacity, reducing availability for other patients and impacting overall flow through the Emergency Department. • There was also a 14% increase in Type 1 Paediatric attendances, primarily walk-ins with soft-tissue injuries or signs of respiratory illness, further straining departmental resources.	1. Ambulance triage process review underway alongside Frailty Assessment Unit (FEAU) changes at **Royal Stoke University Hospital** (RSUH). FEAU changes commenced at the end of September 2025. 2. Approach to in-year plan for Urgent Treatment Centres agreed, currently navigating appropriate Governance processes. 3. Bed and Site Management by amending daily flow model now in place focusing specifically on the 12-hour target and ambulance handovers/offloads.
	A&E Types 1 & 2 - more than 12 hours (**UHNM**) 12-hour Performance at UHNM deteriorated by 5% during September 2025 to 16.35%, 1.7% below plan for the month.		1. Criteria Led Discharge project has commenced with an initial focus on opportunities within Respiratory Medicine. Funding secured to release clinical time to focus on mobilisation. 2. Focus on positive risk management within the Integrated Discharge Team, and within the newly formed therapy collaborative - Initial discussions on possible tests of change in pathways and outcome metrics underway. 3. Alternative Pathways working group progressing next steps, regular meetings in place to take forward.

Urgent and Emergency Care Metrics off Plan and Actions, 2 of 3

Programme Area	Metric Name	Drivers for underperformance	Top 3 Planned actions provided by portfolio
Urgent and Emergency Care (UEC)	Average Ambulance Handover Time University Hospitals North Midlands (**UHNM**) Average Handover Time at UHNM during September 2025 was reported as 01:23:07, 00:38:07 more than plan. Ambulance Hours lost due to Handover delays > 15min (**UHNM**) Total Hours lost during Handovers rose to 5,958 hours during September 2025, ending the month lost over 2,000 more hours than plan.	• Marked increase in reported Type 1 Resus patients during September requiring greater commitment of capacity, reducing availability and impacting patient flow through department. • Increasing infection prevention and control (IPC) constraints and requirements due to emerging Respiratory Infections within the community reducing capacity and impacting patient flow • The combined impact of increased acuity and IPC constraints has resulted in widespread capacity issues across all Emergency Department portals, contributing to overall underperformance in urgent care delivery.	**Remained as last month:** 1. Continuation of system workstream and monitoring in place with a daily tracker monitored via System Control Centre (SCC), escalations via System calls as required. **Updated:** 2. Ambulance Offload Officer (AOO) model fully mobilised, updates as per AOO review. 3. Focus remains on sustaining performance in line with system plan, however, operational challenges continue to remain prevalent, including walk-in demand and acuity challenges.

Urgent and Emergency Care Metrics off Plan and Actions, 3 of 3

Programme Area	Metric	Drivers for underperformance	Top 3 Planned actions provided by portfolio
Urgent and Emergency Care (UEC)	Average discharge delay (exclude zero delay) at University Hospitals North Midlands (**UHNM**) The Average delay for patients not discharged on their discharge ready date rose 0.1 days during August 2025 to 3.7 days. Patients from within the Stoke-on-Trent area experienced increased delays, whilst Staffordshire residents saw a small decrease in delays.	• Small increases in Pathway 2 and Pathway 3 discharges during August 2025 with their associated longer delays resulted in increased in the proportion of patients waiting 2-3 days and 4-6 days.	1. Continuing to strengthen positive risk management across the Integrated Discharge Team and the newly formed Therapy Collaborative. 2. Initial discussions are underway around potential tests of change in discharge pathways, alongside the development of meaningful outcome metrics. 3. Discharge to Assess (D2A) productivity and efficiency recommendations have been shared with all partners and are now being reviewed for prioritisation and implementation.
	Virtual Wards (VW) Occupancy Virtual Wards performance as per the last submission of September 2025 showed an increase of 9.2% on the previous month, to 62.3% occupancy of the 130 available beds, although below plan for both Occupancy and Capacity.	• Continued under-utilisation of Step-Up and Step-Down pathways, particularly for surgical patients, is limiting flow and delaying discharge processes, contributing to inefficiencies in patient flow throughput. • Staffing pressures across multiple teams are impacting service delivery, reducing capacity and responsiveness, and further exacerbating delays in care pathways.	1. The surgical pathway in the North Team is under review to address low utilisation and ensure alignment with clinical demand. 2. Mitigation plans are being explored across the Acute Care at Home team to address staffing pressures. 3. Further pathways in development as part of plan for Winter including High Risk of Delay (HRD) tool expansion into Urinary Tract Infections and Cellulitis beginning as a pilot within Emergency Department (ED), Respiratory Pathway, and a Palliative Pathway progressing with End of Life leads.

Provider Overview at Trust Site Level – Key Urgent and Emergency Care (UEC) Metrics for Out of ICB providers, September 2025

Metric	University Hospitals of Derby & Burton (UHDB) Queens Hospital Burton *(NHS Derby and Derbyshire Integrated Care Board)*	The Royal Wolverhampton (RWT) New Cross Hospital *(Black Country Integrated Care Board)*
4-hour Performance (%) Type 1-3 *[Provider level]*	• September 2025 reported performance of 75.9%, a reduction of 1.2% on August 2025 (77.1%).	• September 2025 was 79.4%, a reduction of 0.4% on August 2025 (79.7%).
A&E Attendances Type 1 *[Site level]*	• 6,826 attendances during September 2025, an increase of 48% against the previous month.	• 12,715 attendances during September 2025, an increase of 0.7% against the previous month.
4-hour Performance (%) Type 1 Paediatrics *[Site level]*	• September 2025 reported performance of 83.2%, a reduction of 3% on the previous month (86.2%).	• September 2025 reported performance of 87.1%, a reduction of 3.9% on the previous month (91.0%).
12-hour Performance Type 1 & 2 (%) *[Provider level]*	• 12.4% of Types 1 & 2 attendances breached the 12-hour mark for 'Time in Department' in September 2025, a rise of 2.3% in comparison to August 2025.	• Types 1 & 2 reporting for September 2025 did not meet NHSE data quality requirements and as such has not been published.
Bed Occupancy (%) - General & Acute (G&A) *[Site level]*	• G&A Bed Occupancy was up slightly during September 2025 to 95.5% from 95.2% the previous month.	• G&A Bed Occupancy was up during September 2025 to 94.9% from 92.9% the previous month.
Virtual Wards *[Provider level]*	• UHDB – 34 occupancy out of 40 bed capacity (85%) for last submission in month (25th September 2025).	• RWT – 140 occupancy out of reported 98 bed capacity (142.9%) for last submission in month (25th September 2025).
Average Ambulance Handover Time *[Site level]*	• West Midlands Ambulance Service (WMAS) and East Midlands Ambulance Service (EMAS) combined average handover time for September 2025 was 32 minutes 52 seconds, 6 minutes 47 seconds up on August 2025.	• WMAS average handover time for September 2025 was 46 minutes 06 seconds, deteriorating 18 minutes 26 seconds on August 2025.
Ambulance Compliance % Handovers within 45 minutes *[Site Level]*	• WMAS & EMAS combined handover compliance for September 2025 was 86.8%, down 4.9% on August 2025.	• WMAS handover compliance for September 2025 was 75.3%, down 12.4% on August 2025.
Time Lost due to handover delays > 15 mins *[Site level]*	• 50% increase in time lost due to handover delays during September 2025, rising to a combined total of 426 hours between WMAS and EMAS.	• Increase of 100% during September 2025 in time lost, lifting the time lost by WMAS to 1,859 hours, from 929 hours during August 2025.

Primary Care and Medicines Optimisation

Programme	Measure Name	Currency	ICB / Provider	Reporting period	Current Month & direction from previous month		Target	Variance	Plan / baseline	Variance	Trend from April 2024 to current month
Primary Care	Appointments in General Practice	Number	ICB	Aug-25	486,012	▼	n/a	-	488,898	-2,886	
	Unique patients seen by an NHS dentist - adult	% (quarterly)	ICB	Q1	43.1%	▲	n/a	-	42.9%	0.2%	
	Unique patients seen by an NHS dentist - children	% (quarterly)	ICB	Q1	63.7%	▲	n/a	-	61.4%	2.4%	
	Units of Dental Activity delivered	% (quarterly)	ICB	Q1	72.7%	▼	n/a	-	82.2%	-9.6%	
	Urgent Dental Activity delivered	Number	ICB	Aug-25	4,412	▼	n/a	-	6,797	-2,385	
	Pharmacy First consultations	Number	ICB	Jun-25	15,310	▲	n/a	-	12,500	2,810	
Medicines Optimisation (Local Metrics)	Structured medication reviews (SMRs) conducted in general practice. (Year to Date Cumulative)	% (quarterly)	ICB	Q1	15.0%	▼	n/a	-	15.0%	0.0%	

Key to arrows showing direction from previous month	
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▼	Improved with a lower value than the previous month
▲	Deteriorated with a higher value than the previous month
▼	Deteriorated with a lower value than the previous month
⇨	Equal to the previous month
n/a	not available

Key to variation Colour	
Red	Negative impact / unwanted variation
Green	Positive impact / desired variation
Yellow	No change / equal
Black	Not applicable / not available

Notes on data:

- Unique patient seen by an NHS dentist -– Quarterly metric, no update this month.
- Units of Dental Activity (UDA) delivered – Quarterly metric, no update this month.
- Structured medication reviews (SMRs) conducted in general practice – Quarterly metric, no update this month.

Primary Care Metrics off Plan and Actions

Programme Area	Metric	Drivers for underperformance	Top 3 Planned actions provided by portfolio
Primary Care	Appointments in General Practice The GP appointment data for August 2025 shows a drop of 0.6% (2,886) against the plan (486,012 versus 488,898). However, cumulatively, appointments are above plan by 20,290 appointments (0.8%). Appointments in August 2025 were higher than August 2024 (485,982) despite one less working day in August 2025.	• Additional Roles Reimbursement Scheme (ARRS) roles have not increased to the anticipated levels due to: - delay with funding envelope for the year being confirmed by NHSE so Primary Care Networks (PCNs) reluctant to commit to recruit - PCNs not able to recruit, specific criteria for some roles, e.g. GPs newly qualified that restricts recruitment	1. The ICB is supporting PCNs with their workforce planning for 2026/27. 2. Access programme ongoing to improve patient experience and access to general practice. No capacity issues identified at this time in addition to the plans in place. 3. Appointment data is being reviewed on a regular basis at practice and PCN level to determine variations and understand if there are any coding-related issues.
	Urgent Dental Activity delivered August position: 4,412 urgent dental were delivered against plan of 6,797. YTD position: Activity is 7,924 - (24.4%) below plan.	• There does not appear to be the demand for this level of urgent care access and available capacity is not being fully utilised by patients. • The Office of the West Midlands (OWM) advise that the latest 2 months of activity figures are synthesised using expected delivery activity percentages due to the 62 day claims window for FP17's (dental claim forms). This makes them subject to change. • Additionally, there is an issue with data quality in terms of how activity is being recorded.	1. The ICB continues to deliver on the local dental plan (including redistribution of dental activity from hand backs and terminations, oral health and workforce initiatives) 2. A communications campaign was launched on 8th September 2025 and will continue throughout winter, with a focus on highlighting how patients can access urgent and routine dental appointments. 3. OWM are undertaking a piece of work ensuring that dental practices are recording activity in the right way to support baseline and future planning of dental activity. 4. NHS England have launched an urgent dental care incentive (UDCI) scheme. The scheme is to encourage more urgent treatment, offering financial incentives to practices that deliver a higher volume of urgent care between September 2025 and March 2026.

Mental Health and Learning Disabilities & Autism

Programme	Measure Name	Currency	ICB / Provider	Reporting period	Current Month & direction from previous month		Target		Variance	Plan / baseline	Variance	Trend from April 2024 to current month
Mental Health	Active inappropriate adult acute mental health out of areas placements (OAPs)	Number	ICB	Sep-25	24	▲	n/a		-	5	19	
	Average length of stay for adult acute beds	Bed days	ICB	Aug-25	47	▼	41.1	2025/26	5.9	40.3	6.7	
	Number of people who are discharged having had at least 2 NHS talking therapy appointments	Number	ICB	Sep-25	1,219	▲	n/a		-	1,238	-19	
	Access to NHS talking therapies for anxiety and depression - reliable recovery	%	ICB	Sep-25	47.0%	▼	50.0%	March 2026	-3.0%	50.0%	-3.0%	
	Access to NHS talking therapies for anxiety and depression - reliable improvement	%	ICB	Sep-25	68.9%	▼	68.0%	2025/26	0.9%	68.0%	0.9%	
	Access to Specialist Community Perinatal Mental Health Services	Number, Rolling 12 months	ICB	Aug-25	1,280	▲	1,216	March 2026	64	1,194	86	
	Access to Children and Young People Mental Health Services	Number, Rolling 12 months	ICB	Aug-25	16,610	▲	17,273	March 2026	-663	15,763	847	
	Access to Individual Placement Support	Number, Rolling 12 months	ICB	Aug-25	780	▲	1,015	March 2026	-235	883	-103	
Learning Disabilities & Autism (LD&A)	Learning disability registers, Annual health checks delivered by GPs	% (YTD)	ICB	Q2	33.13%	▲	n/a		-	19.51%	13.6%	
	Reliance on MH inpatient care for adults with a learning disability	Number (quarterly)	ICB	Q2	16	▲	n/a		-	15	1	
	Reliance on MH inpatient care for autistic adults	Number (quarterly)	ICB	Q2	10	▲	n/a		-	7	3	
	Reliance on MH inpatient care for people with a learning disability and/or autism - children	Rate (quarterly)	ICB	Q2	17.7	▼	n/a		-	22.1	-4	
Learning Disabilities & Autism (LD&A) (Local Metrics)	Mean wait to complete autism assessment - Children and Young People (CYP) North	Weeks	ICB	Aug-25	115	▲	26	March 2026	89	36	79	
	Mean wait to complete autism assessment - Children and Young People (CYP) South	Weeks	ICB	Aug-25	102	▲	26	March 2026	76	36	66	
	Learning from Lives and Deaths Review (LeDeR) reviews within 6 months of notification of death.	%	ICB	Aug-25	100.0%	⇨	100%	2025/26	0.0%	100%	0.0%	
	Oliver McGowan training - Tier 1 (NHS staff)	%	ICB	Sep-25	13.5%	▲	30%	2025/26	-16.5%	30%	-16.5%	
	Oliver McGowan training - Tier 2 (NHS staff)	%	ICB	Sep-25	25.7%	▲	30%	2025/26	-4.3%	30%	-4.3%	

Key to arrows showing direction from previous month	
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⇨	Equal to the previous month
n/a	not available

Key to variation Colour	
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Mental Health and Learning Disabilities & Autism - Metrics off Plan and Actions, 1 of 4

Programme Area	Metric	Drivers for underperformance	Top 3 Planned actions provided by portfolio
Mental Health (MH)	Active inappropriate adult acute mental health Out of Area Placements (OAPs) 7 OAPs reported by **Midlands Partnership University NHS Foundation Trust** (MPFT) (down from 9 last month); 17 by **North Staffordshire Combined Healthcare Trust** (NSCHT) (up from 12 last month).	**NSCHT**: • **Remained from last month** - Reduced Bed Availability: system-wide pressure continues due to a significantly reduced number of adult acute beds within NSCHT, linked to the mandatory implementation of Project Chrysalis. This has resulted in the lowest available bed stock since September 2020. • Patients clinically ready for discharge remain an issue particularly within Stoke Local Authority; this is also resulting in the increased length of stay (LoS). **MPFT**: • Demand for beds, the number of patients who are clinically ready for discharge blocking bed capacity and zero tolerance of mental health patients in Emergency Departments waiting for beds - meaning they need to be moved quickly.	**Remained from last month**: 1. The ICB is now in attendance at the weekly discharge calls to provide support and escalate actions. A range of recommendations have been made including membership change, action taking, accountability and frequency of the calls. This is on-going to improve process and accountability. **Updated**: 1. Discussions with Social Care are continuing to enact assessments for patients at an earlier stage, with the aim of further reducing the number of patients who are clinically ready for discharge. Over the summer months there were in excess of 20 patients who were CRFD with **Stoke** local authority alone. This figure is now regularly at 10 or below from October. 2. Specific reporting to NHSE on increase.

Mental Health and Learning Disabilities & Autism - Metrics off Plan and Actions, 2 of 4

Programme Area	Metric	Drivers for underperformance	Top 3 Planned actions provided by portfolio
Mental Health (MH)	Mean average Length of Stay (LoS) for adult acute beds Average LoS was 50 days in July 2025, in August there has been an improvement, to 47 days. The ICB continues to benchmark well against other ICBs in England and was 6th lowest in August 2025 (an improved position). For reference, England and Midlands both had an average LoS of 55 days.	• Patients who are Clinically Ready for Discharge (CRfD) are impacting on the average LoS. For example, **NSCHT** reported that 28.5% of occupied bed days related to patients who were CRfD in August 2025.	1. Continue to closely monitor adult acute bed length of stay, noting that no immediate actions are required at this stage due to acceptable benchmarking performance. 2. Actions noted above in OAPs metric.
	Talking Therapy – completed treatment courses At 1,219 (September 2025 – local data), 1.5% under the monthly target (1,238). However, year to date performance is only 0.8% under plan.	• Access to the service fluctuates throughout the year, the service leads have assured the ICB that the target for the year overall will be achieved.	1. Providers continue to work to ensure teams are at capacity.
	Talking Therapy – reliable recovery Performance dipped below 50% in September, but is close to 50% year to date.	• Performance against key metrics continues to fluctuate throughout the year, largely influenced by vacancies, staff sickness, and other workforce-related issues. • The service initially operated under the assumption that the target was set at 49%, which led to misaligned focus. They have now adjusted their approach to align with the correct 50% target, but this initial misunderstanding has contributed to underperformance against expectations.	1. This is a focus for team leaders through supervision with all practitioners.

Mental Health and Learning Disabilities & Autism - Metrics off Plan and Actions, 3 of 4

Programme Area	Metric	Drivers for underperformance	Top 3 Planned actions provided by portfolio
Mental Health (MH)	Access to Individual Placement Support (IPS) A slight improvement on last month. However, in terms of percentage of plan achieved as of August, the ICB sits in 33rd place out of 42 ICBs.	• There is an identified need to increase service uptake, as current access levels are below expectations, impacting overall performance. • Sickness and vacancies within the team continue to affect service delivery and hinder achievement of performance targets. • The current workforce profile does not align with IPS Grow Tool calculations, indicating a mismatch in staffing levels. Collaborative work is underway with NHSE and IPS to better understand and address this gap.	1. Work continues regarding promotion of the service, there are service stands at depots and self-referral has been introduced, alongside a new website established. 2. Vacancies to be approved at **MPFT** establishment control panel 13th October 2025 with a view to advertise and interview quickly, sickness trends and themes being established with mitigating factors identified (update awaited – no problems expected). 3. Workforce review underway, ICB meeting with NHSE and IPS Grow week commencing (w/c) 20th October 2025. 4. Planned submissions to the IPS 'Grow tool' underway with backdated data to April 2025 due to be submitted by the end of October 2025. 5. Quarterly steering group meetings moved to monthly for more oversight whilst workforce issues and access are discussed further and mitigations put in place. 6. Mental Health Services Data Set (MHSDS) submissions are now in line with service expectations and no further data cleanse required.
Learning Disabilities (LD) & Autism	Transforming Care Programme (TCP)- Reliance on MH inpatient care for adults with a LD and autistic The ICB benchmarks well against other ICBs (at 30 in August 2025, 10th lowest adult inpatient rate per million population). England average: 41.	• Performance is impacted by the presence of highly complex cases, where reasons for delays or extended stays are individual to each patient and require case-by-case exploration. • Many of these patients are detained due to index offences or extreme violence, which significantly complicates assessment, discharge planning, and pathway progression. • The complexity and legal constraints associated with these cases contribute to delays in throughput and underperformance against standard metrics.	1. August 2025 spike being investigated on a case by case basis to assess the potential to have discharge plans that fit within 2025/26.

Mental Health and Learning Disabilities & Autism - Metrics off Plan and Actions, 4 of 4

Programme Area	Metric	Drivers for underperformance	Top 3 Planned actions provided by portfolio
Learning Disabilities (LD) & Autism	**Local Metrics:** Autism assessment completion waits (CYP, North & South) At **NSCHT**, the number of children waiting for assessment rose by 34% between August 2024 and August 2025. At **MPFT**, the increase was 49% over the same period.	• Increasing referrals and caseloads are placing significant pressure on services, contributing to delays and reduced responsiveness. • These local trends reflect a national picture of rising demand, further compounding service pressures.	1. The Portfolio has set up an ICS working group to work with an organisation based in North West - 'Capacity' to help to develop an action plan for Neurodiversity (including autism). A high level proposal is currently being developed. The proposal will be developed at an ICS wide workshop November 14th.
	Local Metrics: Oliver McGowan training - Tier 1 and 2 (NHS staff) Tier 1: 13.5% Tier 2: 25.7%	• Workforce capacity constraints remain as last month. Achieving the 30% training target (Tier 1) will be challenging due to limited workforce capacity. The system currently relies on a single ICB trainer to deliver Tier 1 training across the entire footprint. • While the number of Tier 2 trainers has gradually increased, progress has been slow as new trainers are recruited and brought up to speed, impacting the pace and scale of training delivery.	1. Maintain a regular review cycle with providers to monitor the delivery of Oliver McGowan training now being delivered within individual trusts. 2. There was a Tier 1 Train the Trainer (TTT) event in September to capture staff from UHNM and MPFT so they can start delivering internally. **UHNM** have started delivering and their first sessions also include the trainers being signed off. **UHNM** plan to deliver 4 Tier 1 sessions a week to start with, with a maximum of 30 staff on each session which will be a significant increase in Tier 1 staff training.

Children and Young People, Maternity and Neonates

Programme	Measure Name	Currency	ICB / Provider	Reporting period	Current Month & direction from previous month		Target	Variance	Plan / baseline	Variance	Trend from April 2024 to current month
Children and Young People (CYP)	Asthma emergency admission (≤18)	Number	ICB	Aug-25	1	▼	n/a	-	17	-16	
	Epilepsy emergency admission (≤18)	Number	ICB	Aug-25	7	▼	n/a	-	17	-10	
	Diabetes emergency admission (≤18)	Number	ICB	Aug-25	2	▼	n/a	-	5	-3	
Maternity and Neonates	Stillbirth rate	rate per 1,000	UHNM	Sep-25	0.0	▼	n/a	-	4.0	-4.0	
	Neonate Mortality rate per 1000	rate per 1,000 (quarterly)	UHNM	Sep-25	6.1	▲	n/a	-	4.0	2.1	
	Brain injury rate per 1000	rate per 1,000 (quarterly)	UHNM	Sep-25	0.0	▼	n/a	-	2.0	-2.0	
	The % of full - term babies admitted to a neonatal unit	rate per 1,000 (quarterly)	UHNM	Sep-25	0	▼	n/a	-	0	0.0	

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n/a	not available

Key to variation Colour	
Red	Negative impact / unwanted variation
Green	Positive impact / desired variation
Yellow	No change / equal
Black	Not applicable / not available

Notes on data:

- Maternity data is provided quarterly for Mortality, Brain Injuries and Neonatal admissions. Data is provided for the preceding months, each quarter.

Children and Young People, Maternity and Neonates Metrics off Plan and Actions

Programme Area	Metric	Drivers for underperformance	Top 3 Planned actions provided by portfolio
Maternity and Neonates **(University Hospitals North Midlands (UHNM))**	**Local Metric:** Neonatal Mortality rate (per 1,000 births) (**UHNM**) This month, the Stillbirth rate per 1,000 births (September 2025) is 6.1 (from 3 neonatal deaths) – the highest value since August 2024.	• Small numbers recorded each month cause a large variation in the rate. • Smoking, alcohol consumption and substance misuse are recognised risk factors for stillbirths. However, the ICB is unable to report a direct correlation between these factors and the stillbirths recorded this month.	This metric is designed to show how things are improving over the long term, rather than reacting to changes month by month. Because it can be affected by short-term fluctuations, it's not very useful for making quick decisions. Instead, it helps us track steady progress over time. • The Local Maternity and Neonatal System (LMNS) will continue to monitor **UHNM** implementation of Saving Babies Lives Care Bundle v3.2, which includes reducing preterm births and optimising perinatal care to improve neonatal outcomes. • UHNM are on track to roll out of Enhanced continuity of carer model in an area of deprivation which has been identified with a high rates of preterm births, which has a huge impact on Neonatal mortality. Recruitment is underway for this team. This team will provide additional support to reduce risks and improve maternal and neonatal outcomes. • Work continues around the system review of infant mortality. An action plan is still in draft form but is due to be published at the end of October 2025. A clear plan for next steps with the steering group and action plan progression has been agreed as of 6th October 2025. There will be look back study into Neonatal Deaths once data sharing agreements are in place.

Community Transformation

Programme	Measure Name	Currency	ICB / Provider	Reporting period	Current Month & direction from previous month		Target	Variance	Plan / baseline	Variance	Trend from April 2024 to current month
Community Transformation	Palliative and End of Life Care (PEoLC): Prevalence rate of patients on palliative care registers to 1%.	%	ICB	Aug-25	0.8%	⇨	n/a	-	1.0%	-0.2%	
	Increase patients receiving all 8 care processes for Diabetes, receiving 3 treatment targets - Type 1 (Year to Date Cumulative)	%	ICB	Aug-25	16.5%	▲	n/a	-	14.8%	1.6%	
	Increase patients receiving all 8 care processes for Diabetes, receiving 3 treatment targets - Type 2 (Year to Date Cumulative)	%	ICB	Aug-25	22.8%	▲	n/a	-	20.6%	2.1%	
	Long-term conditions: Ensure referrals are made to the National Diabetic Prevention Programme – support for patients who are pre-diabetic	Number	ICB	Aug-25	635	▼	n/a	-	520	115	
	Urgent community response (LTC): Ensure patients commence on the National Diabetic Prevention Programme (NDPP) following referral	Number	ICB	Aug-25	350	▼	n/a	-	261	89	
	Reduction in number of conveyances for falls by WMAS	Number	ICB	Aug-25	804	▲	n/a	-	739	65	
	Falls, Reduction in number of falls related emergency admissions - 65+	Number	ICB	Aug-25	132	▼	n/a	-	296	-164	
	Care Home, Reduction emergency admissions - 65+	Number	ICB	Aug-25	812	▼	n/a	-	828	-16	
	Reduction emergency admissions - all 65+	Number	ICB	Aug-25	6,817	▼	n/a	-	6,827	-10	

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Community Transformation Local Metrics off Plan and Actions

Programme Area	Metric	Drivers for underperformance	Top 3 Planned actions provided by portfolio
Community Transformation	**Local Metrics:** Prevalence rate of patients on palliative care registers to 1%.	• Palliative care identification across the ICB has plateaued to the expected level for the ICB population, with a slight seasonal dip over winter, suggesting the system may have reached a natural ceiling.	Action remains the same as last month: 1. Continue monthly monitoring of palliative care register prevalence, recognising that current levels may reflect a natural ceiling for the population, and assess any emerging trends that may warrant further action.
	Local Metrics: Reduction in number of conveyances for falls by **WMAS** In August 2025, 804 patients taken to hospital by ambulance because of a fall. This is against a target of 739.	• Higher levels (compared to August 2024) at **County Hospital, Royal Stoke**, and **Good Hope**. • However initial September data shows a reduction in falls being conveyed from 804 in August 2025 to 649 in September 2025. • Short-term fluctuations in activity can be difficult to attribute to specific causes, making it challenging to identify clear drivers of underperformance on a month-by-month basis. To gain meaningful insight, this metric should be assessed in the context of longer-term trends.	1. Draft falls in care homes guidance reviewed by system colleagues, NHSE to share outcome of pilot in order to build into pathways for early 2026. 2. ICB and Provider Collaborative reviewing reactive and proactive falls pathways with focus on top 10 care homes, in terms of volumes. Review expected min November. 3. Business Intelligence and Community Transformation Portfolio to analyse data to understand levels in care home and non care home falls. Complete by end of October.

Improving Population Health

Programme	Local Measure Name	Currency	ICB / Provider	Reporting period	Current Month & direction from previous month		Target	Variance	Baseline	Variance	Trend from April 2024 to current month
Improving Population Health	Children and Young People - Vaccination uptake - MMR2, at 5 years	% (quarterly)	ICB	-	-		n/a	-	-	-	
	Children and Young People Vaccination uptake - Pertussis maternal vaccination	%	ICB	Jun-25	76.1%	▼	n/a	-	65.8%	10.3%	
	Hypertension (CVDP007HYP): Patients treatment to recommended age specific thresholds	% (quarterly)	ICB	Jun-25	67.8%	▼	n/a	-	67.1%	0.7%	
	Cholesterol (CVDP003CHOL):Patients with QRISK 20% or more treated with lipid lowering therapy	% (quarterly)	ICB	Jun-25	65.7%	▲	n/a	-	64.0%	1.6%	
	Respiratory: Flu Vaccinations (65+years)	%	ICB	-	-		n/a	-	-	-	
	Respiratory: COVID Vaccinations (65+years)	%	ICB	-	-		n/a	-	-	-	

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Notes on data:

- MMR2 vaccination - quarterly data published nationally. The latest data available is quarter 4 2024/2025 – awaiting national release of data, No update.
- Pertussis maternal vaccination – awaiting national release of data, no update this month
- Hypertension (CVDP007HYP) and Cholesterol (CVDP003CHOL) measures - Data published every 3 months.
- Flu Vaccinations – Activity starts in October 2025. IMMFORM monthly data to be used with lag of 6-8 weeks.
- COVID Vaccinations - Campaign runs from October 2025 to end of January 2026. Monthly data available in Federated Data Platform with one month lag.

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

Staffordshire & Stoke on Trent ICS

Financial Position (September 25)

System Performance Group – 29th October

Finance & Performance Committee – 29th October

Executive Summary

This report details the aggregate financial position as at month 6 with high level metrics shown on page 3.

Year to date position

At month 6, the system is reporting a £21.2m deficit, representing a £0.7m favourable variance against the planned £21.9m deficit (an improvement from £0.5m favourable at month 4). Year-to-date, this includes deficits of £12.1m for the ICB, £13.0m at UHNM partial offset with surpluses of £3.8m at MPFT, and £0.1m at NSCHT. While the overall position remains broadly on track, the key driver of variances continues to be lower than planned efficiency delivery, offset by a number of non-recurrent mitigations. Following the adverse variance reported at month 1, recovery trajectories were developed where appropriate. At month 6, the system is £1.7m behind these recovery trajectories, which is the first month we have fallen behind the recovery trajectory.

Efficiency delivery

The reported system efficiency delivery YTD is £16.5m behind our submitted plan of £130.9m, this comprises of ICB (£10.6m), MPFT (£0.1m), NSCHT (£1.1m) and UHNM (£4.7m). As a system this equates to 87% delivery YTD. We are continuing to monitor the development of the efficiency plans weekly with the month end position included on page 6. UHNM have submitted a recovery plan to NHSE which improves the forecast delivery.

Forecast and net risk

As a system we are forecasting to meet our year end financial plan of break even, subject to the receipt of £95m deficit support funding (DSF). Net risk has reduced marginally to £24.7m at month 6 slightly down from £25.5m at month 5. This net risk is primarily made up of efficiency risk (£40.1m), additional cost risk (£25.3m) and offset by non-recurrent mitigations and anticipated allocations. UHNM holds the remaining net risk of £24.7m, with all other partners having fully mitigated their positions. Included in UHNM recovery plan is a number of non recurrent items which will impact from month 7 reporting and will improve the overall net risk position to £13.5m.

Workforce

The system workforce numbers across providers and ICB (substantive + bank + agency) were 25,103 WTE in September 2025. This is a decrease on month 5 of 131 WTE. Much of this Bank decrease can be attributed to UHNM (149 WTE). Month 6 workforce numbers were 130 WTE above plan which was seen in substantive (15 WTE) and agency (27 WTE), offset by bank which is over plan by 173 WTE.

Capital

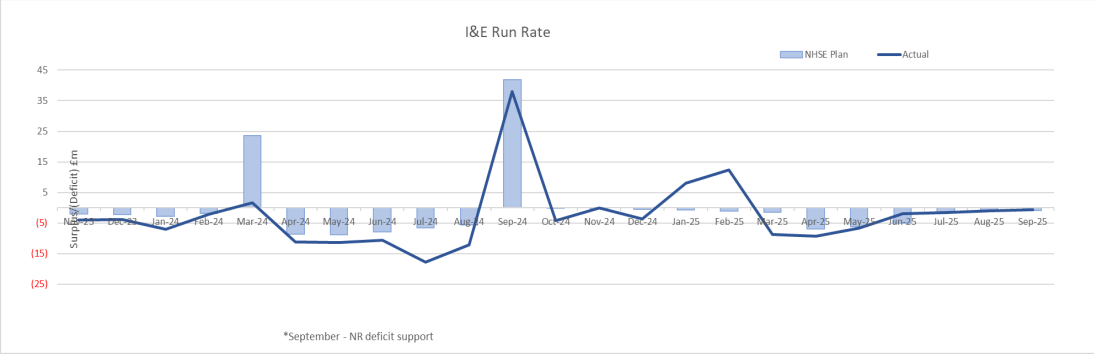
As a system we were able to submit a compliant capital plan which relied on successful applications for Return to Constitutional Standards capital, Estates Safety capital and Freedoms and Flexibilities capital. At month 6 we are underspending against plan by £6.1m although all providers remain on forecast to meet their plans. As a system we have completed a detailed forecast of likely spend at a scheme level, this is to highlight early to region any potential slippage on operational capital and national PDC schemes, it is also an opportunity to secure funding agreement into 2026/27, which we are awaiting feedback from submitted bids.

Month 6 Position

The System is reporting a YTD **favourable position to plan of £0.7m** against a planned deficit of £21.9m. The main drivers for the aggregate YTD position are efficiency slippage (£16.5m) offset with greater than planned use of flexibilities and underspends on vacancies and investment slippage. The efficiency programme phasing in response to the month 1 adverse variance, where appropriate organisations have developed recovery trajectories. At month 6 the system has fallen behind this recovery trajectory by £1.6m.

System	Month 6 £m Plan	Month 6 £m YTD	Month 6 £m Variance	Month 5 £m Plan	Month 5 £m YTD	Month 5 £m Variance
Income	2,756.5	2,752.1	(4.4)	2,298.4	2,289.1	(9.2)
Pay	(713.4)	(716.1)	(2.8)	(594.5)	(592.7)	1.7
Non Pay	(385.7)	(379.2)	6.6	(322.4)	(315.4)	7.0
Non Operating Items (exc gains on disposal)	(17.6)	(16.3)	1.2	(14.5)	(13.5)	0.9
ICB Expenditure	(1,661.7)	(1,661.6)	0.0	(1,387.9)	(1,387.9)	0.0
Total	(21.9)	(21.2)	0.7	(20.9)	(20.5)	0.5
			0.0%			

ICB	Month 6 £m Plan	Month 6 £m YTD	Month 6 £m Variance	Month 5 £m Plan	Month 5 £m YTD	Month 5 £m Variance
Allocation	1,649.5	1,649.5	0.0	1,376.1	1,376.1	0.0
Expenditure	(1,661.7)	(1,661.6)	0.0	(1,387.9)	(1,387.9)	0.0
TOTAL ICB Surplus/(Deficit)	(12.1)	(12.1)	0.0	(11.8)	(11.8)	0.0
			0.0%			



MPFT	Month 6 £m Plan	Month 6 £m YTD	Month 6 £m Variance	Month 5 £m Plan	Month 5 £m YTD	Month 5 £m Variance
Income	360.3	365.6	5.4	300.3	304.0	3.7
Pay	(259.4)	(261.2)	(1.9)	(216.1)	(217.4)	(1.2)
Non-Pay	(99.3)	(102.6)	(3.3)	(82.7)	(85.0)	(2.3)
Non Operating Items (exc gains on disposal)	2.1	2.0	(0.1)	1.9	1.7	(0.2)
TOTAL Provider Surplus/(Deficit)	3.7	3.8	0.0	3.4	3.4	0.0
			0.0%			

NSCHT	Month 6 £m Plan	Month 6 £m YTD	Month 6 £m Variance	Month 5 £m Plan	Month 5 £m YTD	Month 5 £m Variance
Income	89.9	88.8	(1.2)	74.9	73.9	(1.1)
Pay	(54.9)	(54.3)	0.6	(45.8)	(45.3)	0.5
Non-Pay	(35.0)	(33.8)	1.2	(29.2)	(28.1)	1.1
Non Operating Items (exc gains on disposal)	(0.5)	(0.5)	(0.1)	(0.4)	(0.4)	(0.0)
TOTAL Provider Surplus/(Deficit)	(0.4)	0.1	0.6	(0.4)	0.1	0.4
			-0.6%			

UHNM	Month 6 £m Plan	Month 6 £m YTD	Month 6 £m Variance	Month 5 £m Plan	Month 5 £m YTD	Month 5 £m Variance
Income	656.8	648.2	(8.6)	547.0	535.1	(11.9)
Pay	(399.1)	(400.6)	(1.5)	(332.6)	(330.1)	2.5
Non-Pay	(251.5)	(242.8)	8.7	(210.5)	(202.3)	8.2
Non Operating Items (exc gains on disposal)	(19.2)	(17.8)	1.4	(16.0)	(14.8)	1.2
TOTAL Provider Surplus/(Deficit)	(13.1)	(13.0)	0.1	(12.1)	(12.1)	(0.0)
			0.0%			

Key Performance Metrics

The tables below summarise the key variances and positions which are likely to be considered when reviewing eligibility for continued deficit support provision. The key point for the Committee to note is that the net risk at month 6 is £24.7m and a likely breach of the system bank cap.

Position	Run Rate			System Net Risk		
	Income Exrapolated	Expenditure Exrapolated	Run rate difference to forecast	Planning Submission	Month 5	Month 6
Staffordshire and Stoke On Trent ICB				(11.7)	(0.0)	(0.0)
Midlands Partnership University NHS Foundation Trust	731.3	(723.7)	7.6	(0.7)	0.0	0.0
North Staffordshire Combined Healthcare NHS Trust	177.5	(177.2)	0.3	(30.0)	(0.2)	0.0
University Hospitals of North Midlands NHS Trust	1,296.4	(1,322.4)	(26.0)	(54.9)	(25.2)	(24.7)
Total	2,205.2	(2,223.3)	(18.1)	(97.3)	(25.5)	(24.7)

Efficiency	Efficiency			Efficiency FOT		
	YTD Actual	YTD Variance	YTD Variance %	Efficiency FOT	Forecast Variance	YTD as % of FOT
Staffordshire and Stoke On Trent ICB	67.9	(10.6)	13%	169.9	0.0	40%
Midlands Partnership University NHS Foundation Trust	27.0	(0.1)	0%	54.5	0.2	42%
North Staffordshire Combined Healthcare NHS Trust	2.5	(1.1)	30%	7.4	0.0	25%
University Hospitals of North Midlands NHS Trust	17.0	(4.7)	22%	74.8	0.0	20%
System	114.4	(16.5)	14%	306.5	0.3	37%

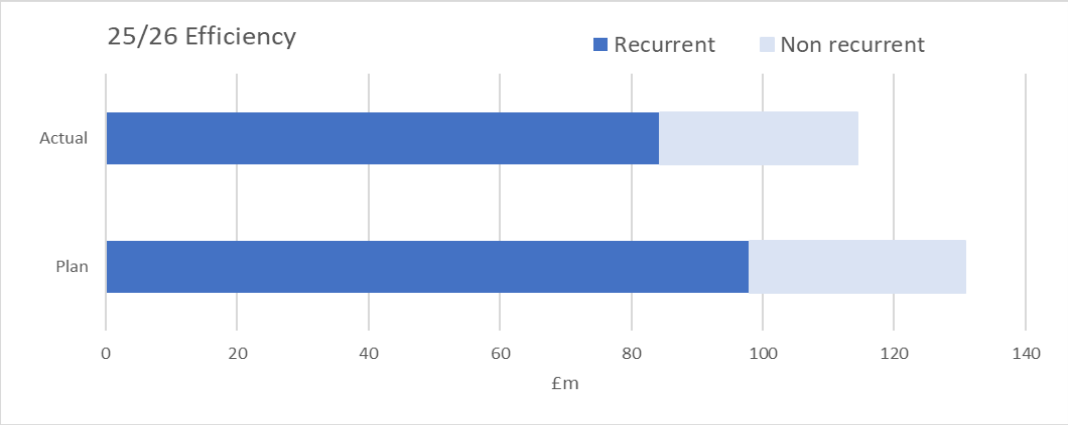
Workforce	Agency			Bank		
	YTD agency spend £m	FOT agency spend £m	YTD agency spend as % of FOT	YTD Bank spend £m	FOT Bank spend £m	YTD Bank spend as % of FOT
Staffordshire and Stoke On Trent ICB						
Midlands Partnership University NHS Foundation Trust	3.0	5.2	50%	12.4	24.4	56%
North Staffordshire Combined Healthcare NHS Trust	0.9	1.5	54%	3.4	5.5	62%
University Hospitals of North Midlands NHS Trust	6.2	12.6	47%	32.8	64.8	64%
System	10.2	19.3	48%	48.6	94.7	62%

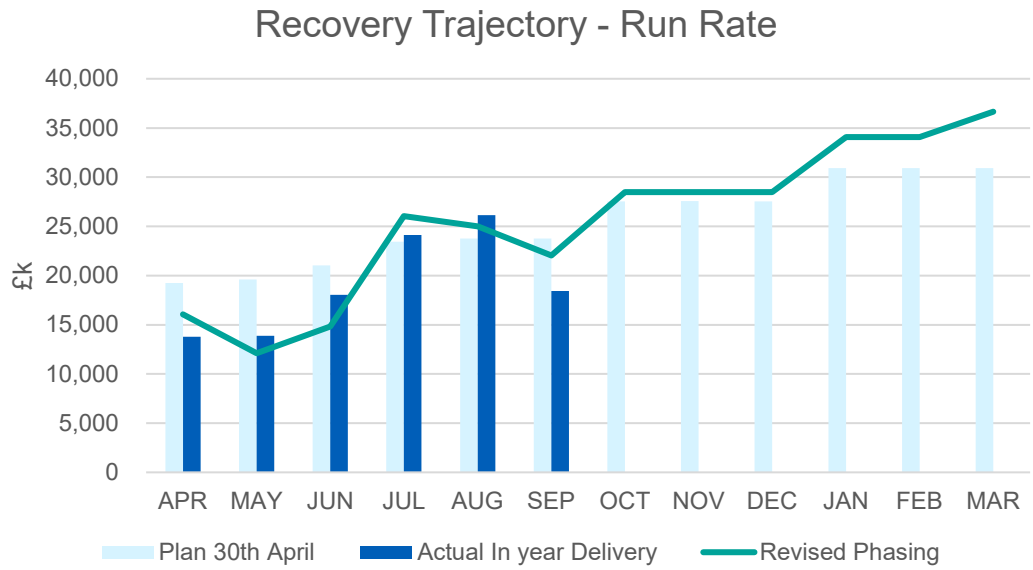
The NHS oversight framework rankings have been published with the system: UHNM ranked 83rd out of 134 acute providers and in segment 3. NSCHT ranked 1st of out 61 providers in the non-acute and in segment 1. MPFT ranked 2nd of out 61 providers in the non-acute, also in segment 1.

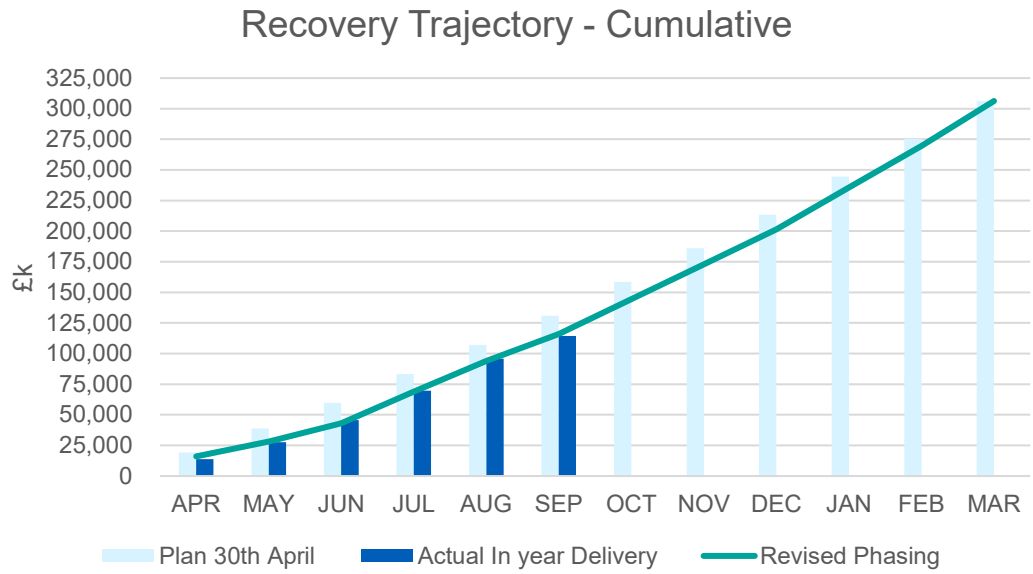
Efficiency

- The reported system efficiency delivery YTD is £16.5m behind our submitted plan of £130.9m, this is made up of the ICB (£10.6m), MPFT (£0.1m), NSCHT (£1.1m) and UHNM (£4.7m)
- As a system this equates to 87% delivery at month 6
- YTD delivery leaves 62% of the programme to be delivered in months 7-12
- Following month 1, system partners were asked to submit recovery trajectories mainly in response to a behind plan CIP delivery. Against the recovery trajectory the system is behind of plan by (£1.7m), with MPFT ahead by £7.2m the ICB behind by (4.1m), NSCHT by (£0.2m) and UHNM behind by (£4.7m).

Total Efficiency Delivery	YTD (£'m)				
	ICB	UHNM	MPFT	NSCHT	ICS
Plan	78.5	21.7	27.1	3.6	130.9
Actual	67.9	17.0	27.0	2.5	114.4
Variance	(10.6)	(4.7)	(0.1)	(1.1)	(16.5)
% delivered	87%	78%	100%	70%	87%





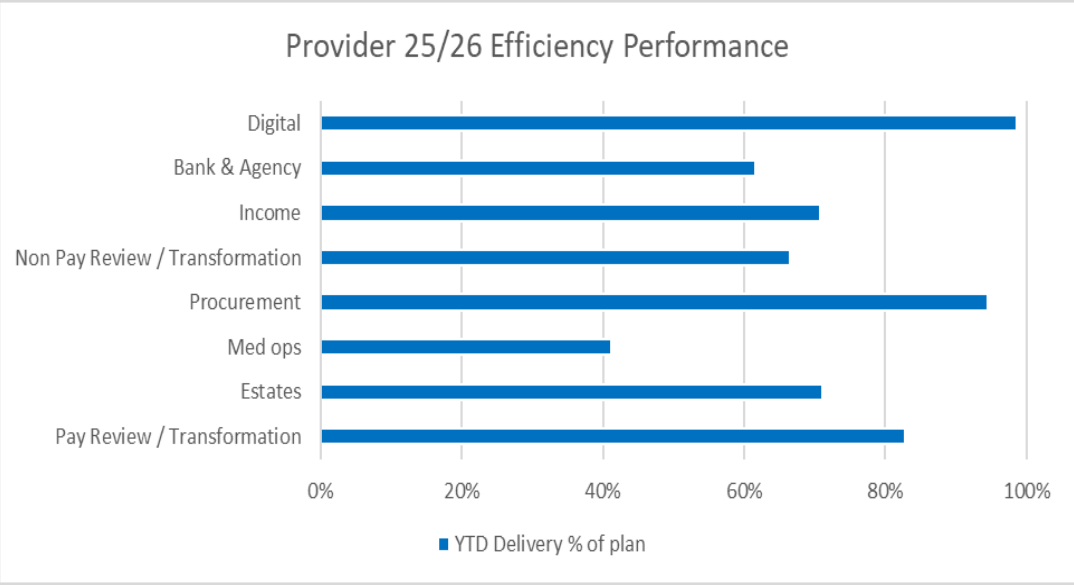


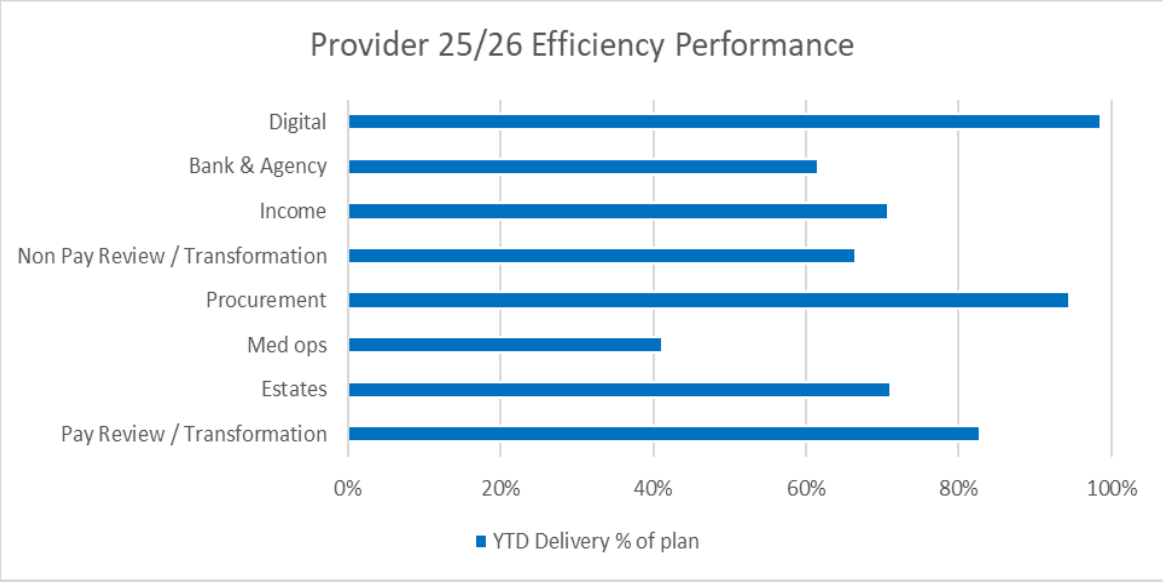
Efficiency

- The below table shows the forecasted risk rating of the efficiency schemes in each organisation with 22% remaining in high risk.

Efficiency risk FOT	Low	Medium	High	Total	% of high risk
MPFT	12,411	35,757	6,290	54,458	12%
NSCHT	6,541	503	324	7,368	4%
UHNM	17,796	6,852	50,152	74,800	67%
ICB	97,401	60,300	12,200	169,901	7%
System	**134,149**	**103,412**	**68,965**	**306,527**	**22%**

- Provider and ICB efficiency performance in each category is also detailed below.





Route to Delivery

The net risk reported at month 6 is £24.7m, this is a slight reduction in month from £25.5m at month 5. The net risk comprises of efficiency risk (£40.1m) and additional cost risk (£25.3m) offset by non-recurrent mitigations (£19.6m) and anticipated allocation (£25.0m).

ICB, MPFT and NSCHT all now fully mitigated risks. UHNM currently holds the net risk position of £24.7m, which has improved to £13.5m with the submission to NHSE as part of the recovery plan.

£m	Planning Submission	Month 4	Month 5	Month 6
MPFT	(11.7)	(7.5)	0.0	0.0
NSCHT	(0.7)	0.0	(0.2)	0.0
UHNM	(30.0)	(31.9)	(25.2)	(24.7)
ICB	(54.9)	(20.2)	(0.0)	0.0
System	(97.3)	(59.6)	(25.5)	(24.7)

Key Risks	Mitigation
Efficiency delivery shortfall	Mitigations are included in the efficiency programme update section
UEC demand leading to unfunded capacity requirements	Both internal and external scrutiny of the winter plan, currently UHNM have £2.6m in a worse case scenario
Elective recovery performance either UEC impacting activity or expenditure to meet target	ICB monitor ERF system performance monthly. At UHNM a Financial Recovery Board is in place where under performance will be escalated

As finance continue to strengthen financial management and supporting delivery in 2025/26, all system organisations has completed self assessments on the Well led financial toolkit and updating the NHSE Grip and Control Checklist. These are being collated and going through the relevant forums before onwards to SFPC in November.

Workforce

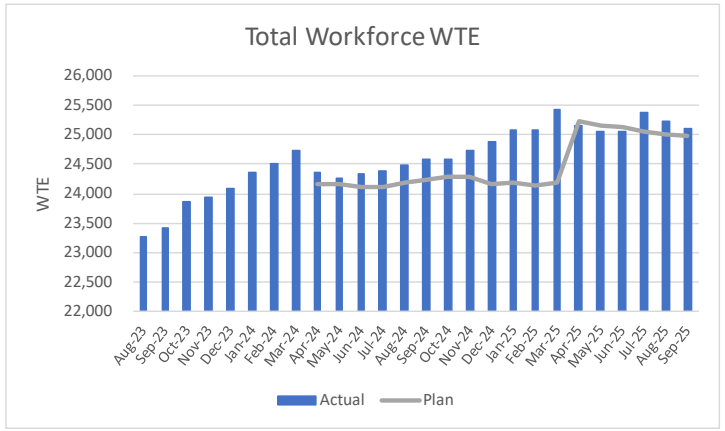
- The system workforce numbers (substantive + bank + agency) were 25,103 WTE in September 2025. This is a decrease on month 5 of 131 WTE. Much of this Bank decrease can be attributed to UHNM (149 WTE). Month 6 workforce numbers were 130 WTE above plan which was seen in substantive (15 WTE) and agency (27 WTE), offset by bank which is over plan by 173 WTE.

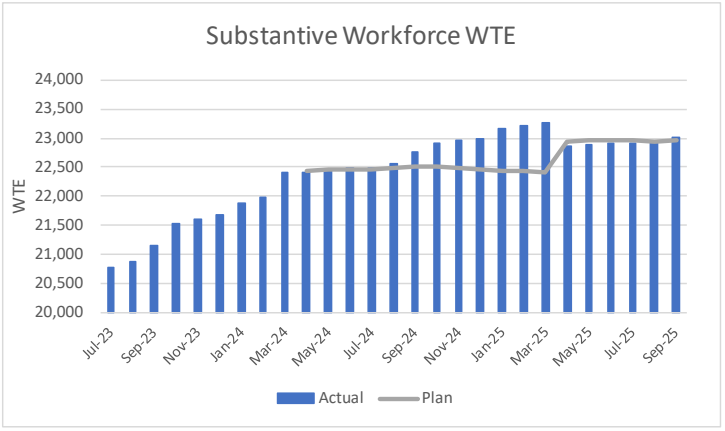
- As a system we were within our agency ceiling by 22.5% (£3.0m), however we were over our bank ceiling metric by 25% (£9.7m).

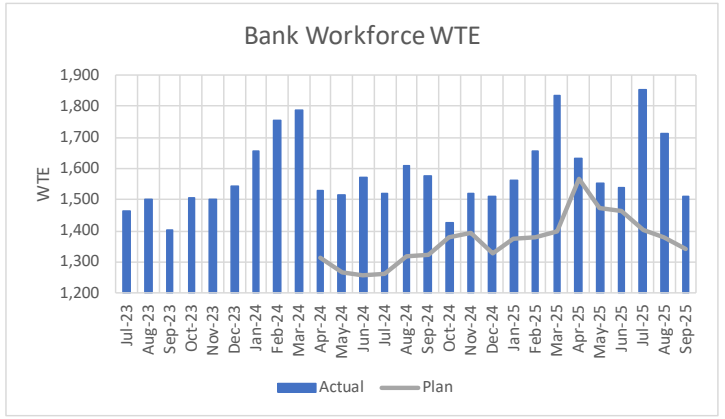
- Agency spend was 1.4% of total staff spend therefore (1.8%) under the 3.2% ceiling/target.

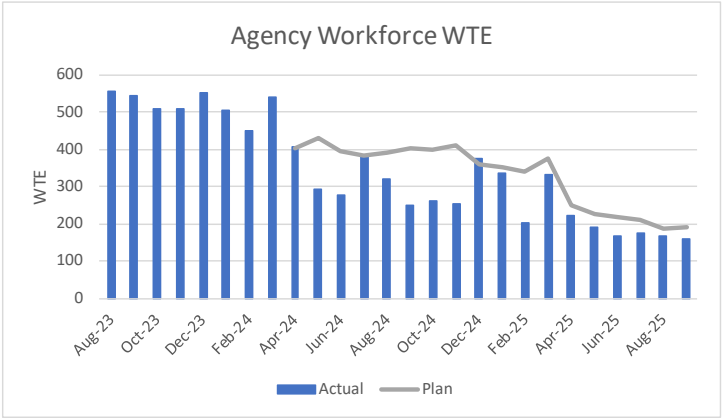
- When compared to Aug 25 /M05, there has been an overall decrease in the Workforce of -131 WTE with a total decrease of -293 WTE (1.2%) since the start of 2025/26. In 2025/26 to date, the largest decrease can be attributed to Agency which, with a reduction of 169 WTE, equates to a 51% decrease in use by M06. During the same period, Bank has decreased by 322 WTE but, despite this, remains 173 WTE / 13% above plan.

- M06 represent both the lowest Agency WTE (158 WTE) and highest Substantive WTE (23,003 WTE) utilisation, by SSoT's 3 NHS Providers, in a data set extending to Mar-19.









Capital

- For Month 6 expenditure actuals were £6.1m behind plan.
- As a system we have completed a detailed forecast of likely spend at a scheme level, this is to highlight early to region any potential slippage on operational capital and national PDC schemes, it is also an opportunity to secure funding agreement into 2026/27, which we are awaiting feedback.
- The system is still forecasting to be on plan against the capital plan will no escalations at present.

Category	YTD £000		
	Plan	Spend	Variance
Capital allocation	15,052	14,423	(629)
Return to Constitutional Standards	10,570	9,755	(815)
2025/26 Estates Safety	3,450	289	(3,161)
2025/26 Mental Health: Reducing Out of Area Placements	1,819	294	(1,525)
Total	**30,891**	**24,761**	(6,130)

By organisation	YTD £000		
	Plan	Spend	Variance
MPFT	10,524	8,904	(1,620)
NSCHT	1,702	1,317	(385)
UHNM	18,665	14,540	(4,125)
System total	**30,891**	**24,761**	(6,130)

At month 6 key variances are:

- **MPFT** – The main pressure on month 6 and forecast remains the IFRS16 (£4.1m) due to timing of remeasurements review. PDC schemes remain behind plan due to delays in formal approval. It should also be noted that one of the 2025/26 Mental Health: Reducing Out of Area Placements schemes (Ellesmere in Patient Rehab £3.95m) was rejected post submission therefore the overall planned spend will be reduced to remain within allocation and potentially funded through the freedoms and flexibility confirmed funding.
- **UHNM** - The main areas of underspend are in relation to the significant PDC funded schemes for the CDC enabling works (£5.6m) with the County Breast Unit (£3m) back on plan. The Trust has requested deferral of funding on UTC and UEC schemes into 2026/27.
- **NSCH** - £103k behind on Chrysalis (replacement of Dormitory Wards) and £159k behind on leases. Both of these are timing issues and plan will be delivered.

- The ICB remains on track to deliver the capital spend on GPIT and Utilisation and Modernisation Funding. This sits outside the monthly reporting process as ICB capital is reported within NHSE accounts.

Underlying Position

The system underlying position reported at month 6 is £139.1m deficit. The drivers from the breakeven forecast to the underlying position is summarised below. The main drivers are the removal of the non recurrent deficit support funding and non-recurring efficiencies partially offset with FYE of recurring efficiencies.

	UHNM	NSCHT	MPFT	ICB	SSOT
2025/26 Forecast	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
Forecast non-recurring efficiencies	(2.4)	(1.3)	(7.8)		(11.5)
Deficit Support	(37.2)			(57.8)	(95.0)
Deficit Repayment Allocation				11.6	11.6
Non Recurrent Flexibility				(20.0)	(20.0)
Other Non Recurrent Items			(12.9)	(11.2)	(24.1)
2025/26 Underlying Position (submitted)	**(39.6)**	**(1.3)**	**(20.8)**	**(77.4)**	**(139.1)**

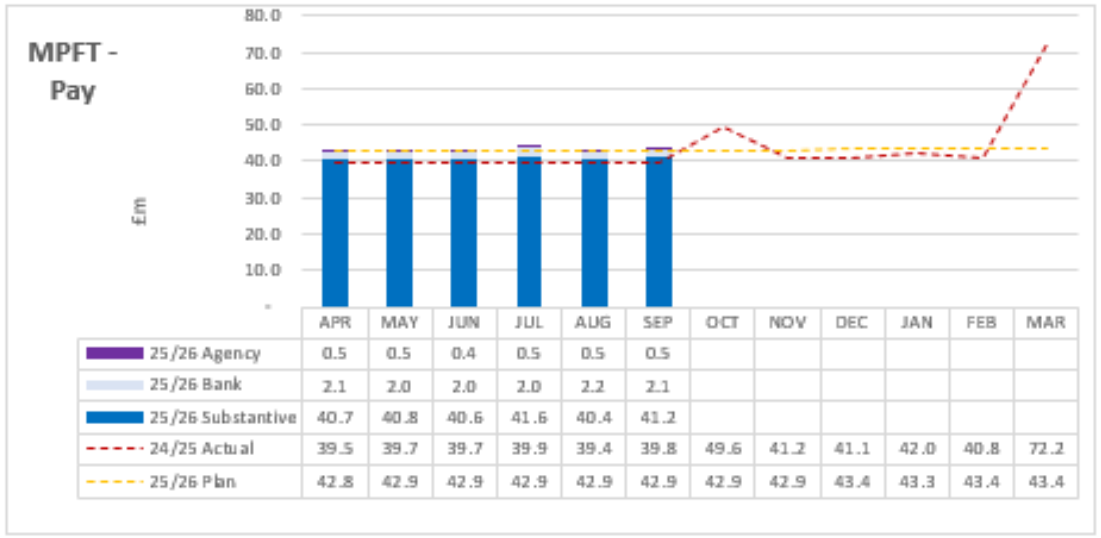
There is significant regional oversight on the underlying position across all systems, and the region will undertake an assurance process on month 6 underlying positions submitted. Organisations are reviewing against national principles to ensure the robustness and consistency of submitted positions which will continue into month 7 and feed into the planning process for 2026/27.

Staffordshire and Stoke-on-Trent Integrated Care System

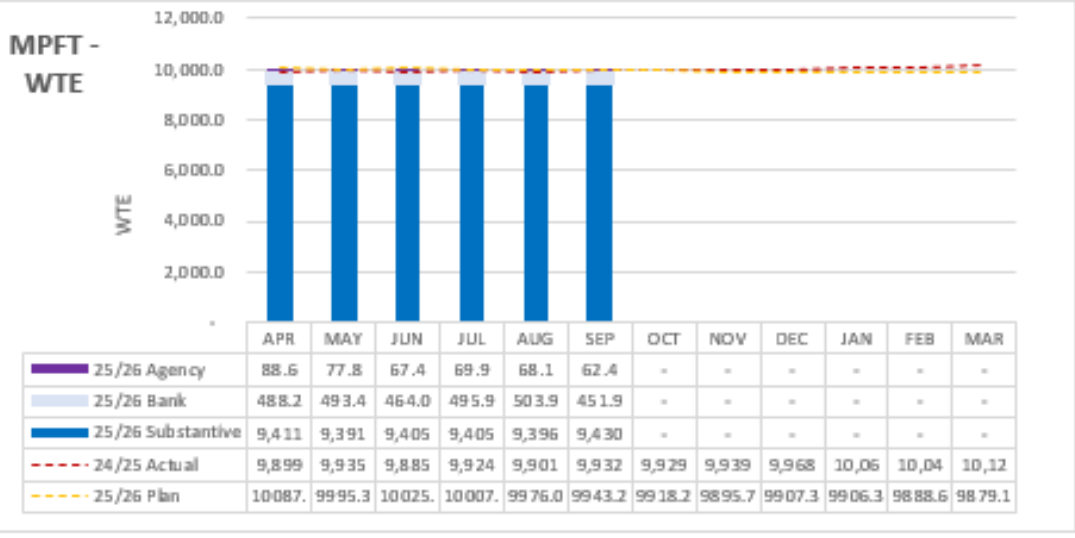
Appendices

Staffordshire and Stoke-on-Trent Integrated Care Board

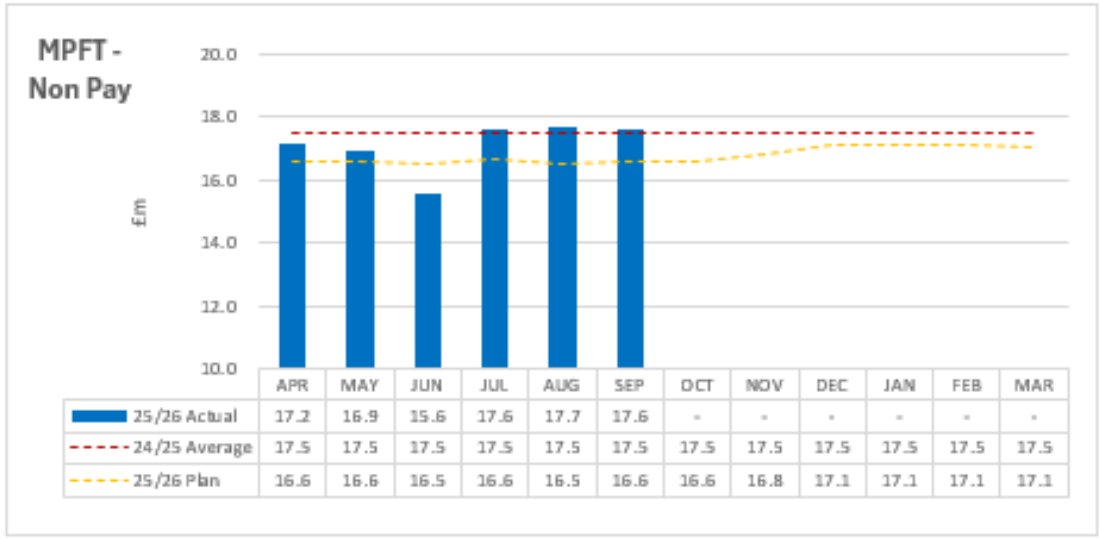
Provider – MPFT Run Rate



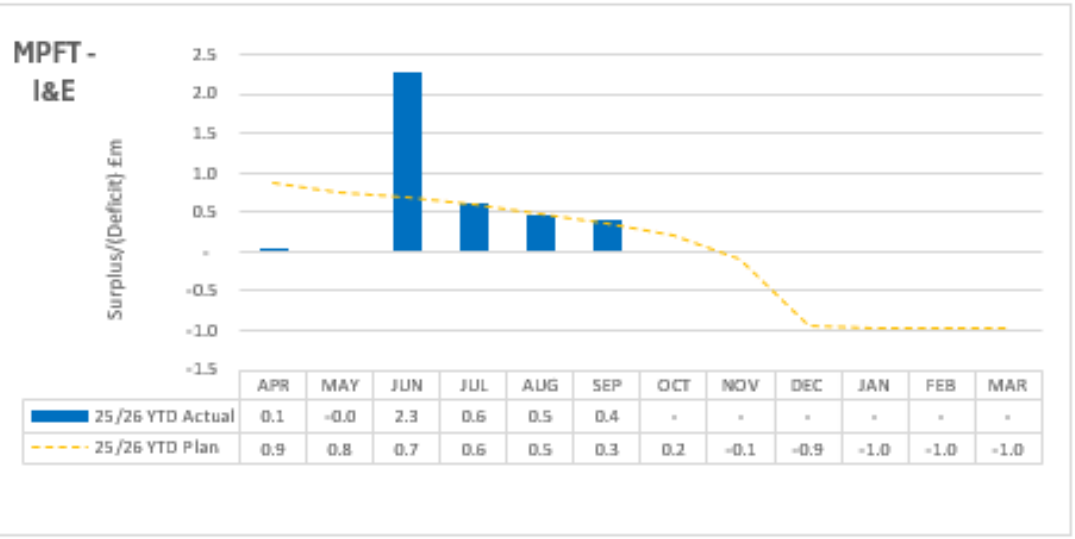
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
25/26 Agency	0.5	0.5	0.4	0.5	0.5	0.5						
25/26 Bank	2.1	2.0	2.0	2.0	2.2	2.1						
25/26 Substantive	40.7	40.8	40.6	41.6	40.4	41.2						
24/25 Actual	39.5	39.7	39.7	39.9	39.4	39.8	49.6	41.2	41.1	42.0	40.8	72.2
25/26 Plan	42.8	42.9	42.9	42.9	42.9	42.9	42.9	42.9	43.4	43.3	43.4	43.4



	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
25/26 Agency	88.6	77.8	67.4	69.9	68.1	62.4	-	-	-	-	-	-
25/26 Bank	488.2	493.4	464.0	495.9	503.9	451.9	-	-	-	-	-	-
25/26 Substantive	9,411	9,391	9,405	9,405	9,396	9,430	-	-	-	-	-	-
24/25 Actual	9,899	9,935	9,885	9,924	9,901	9,932	9,929	9,939	9,968	10,06	10,04	10,12
25/26 Plan	10087.	9995.3	10025.	10007.	9976.0	9943.2	9918.2	9895.7	9907.3	9906.3	9888.6	9879.1

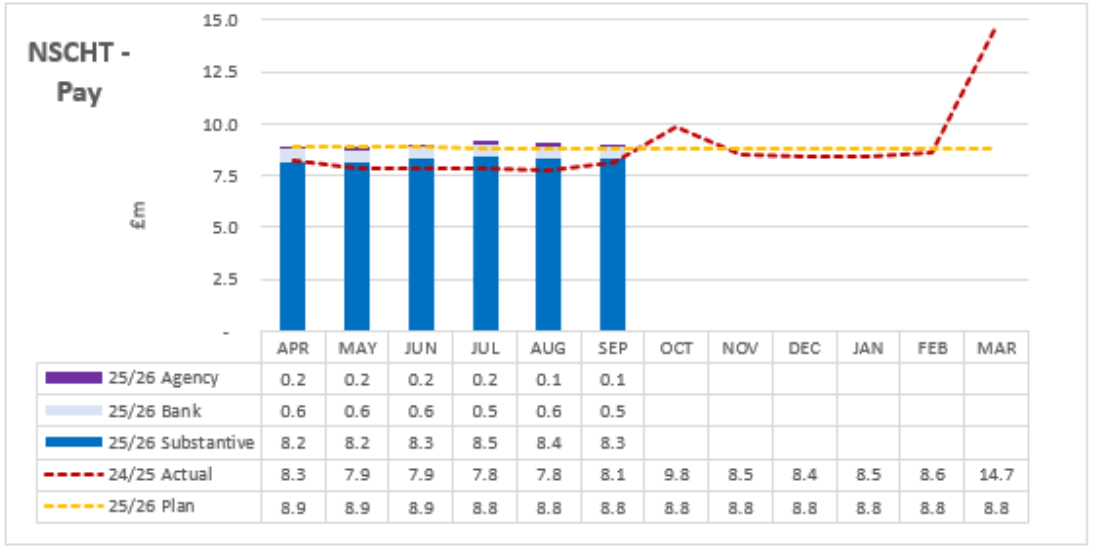


	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
25/26 Actual	17.2	16.9	15.6	17.6	17.7	17.6	-	-	-	-	-	-
24/25 Average	17.5	17.5	17.5	17.5	17.5	17.5	17.5	17.5	17.5	17.5	17.5	17.5
25/26 Plan	16.6	16.6	16.5	16.6	16.5	16.6	16.6	16.8	17.1	17.1	17.1	17.1



	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
25/26 YTD Actual	0.1	-0.0	2.3	0.6	0.5	0.4	-	-	-	-	-	-
25/26 YTD Plan	0.9	0.8	0.7	0.6	0.5	0.3	0.2	-0.1	-0.9	-1.0	-1.0	-1.0

Provider – NSCHT Run Rate



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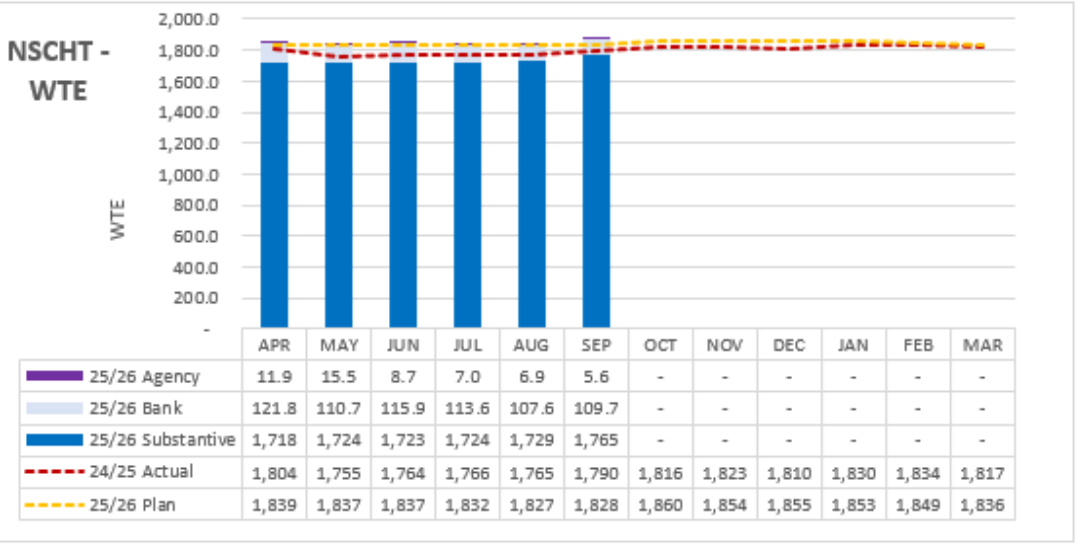
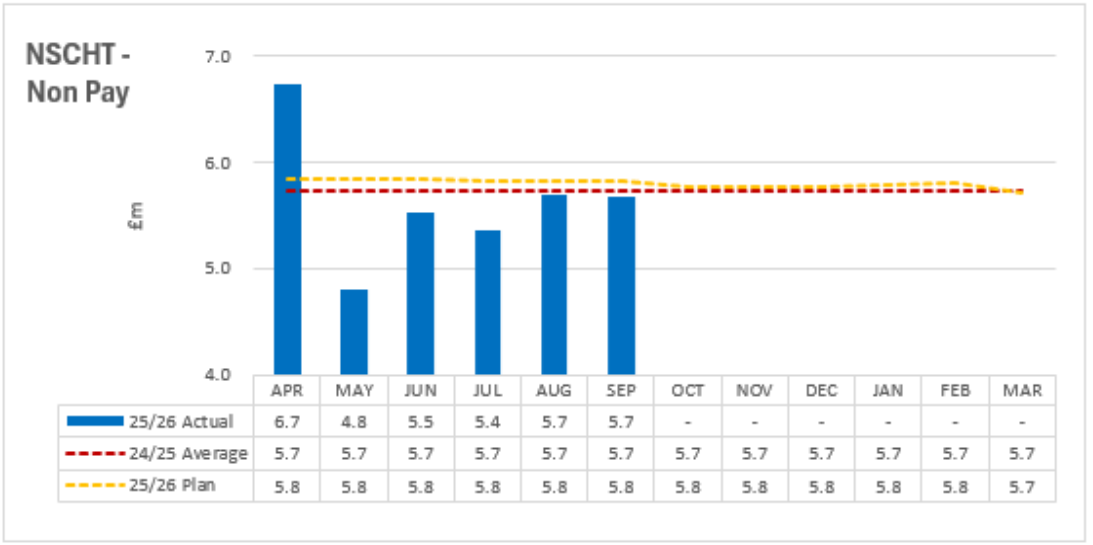
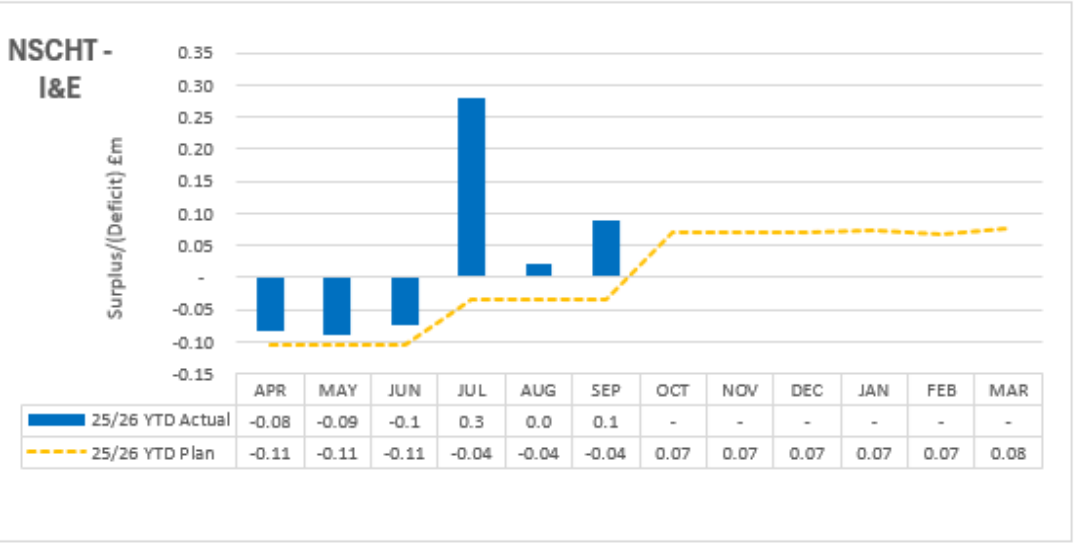
25/26 Agency	0.2	0.2	0.2	0.2	0.1	0.1						
25/26 Bank	0.6	0.6	0.6	0.5	0.6	0.5						
25/26 Substantive	8.2	8.2	8.3	8.5	8.4	8.3						
24/25 Actual	8.3	7.9	7.9	7.8	7.8	8.1	9.8	8.5	8.4	8.5	8.6	14.7
25/26 Plan	8.9	8.9	8.9	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8



	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
25/26 Agency	11.9	15.5	8.7	7.0	6.9	5.6	-	-	-	-	-	-
25/26 Bank	121.8	110.7	115.9	113.6	107.6	109.7	-	-	-	-	-	-
25/26 Substantive	1,718	1,724	1,723	1,724	1,729	1,765	-	-	-	-	-	-
24/25 Actual	1,804	1,755	1,764	1,766	1,765	1,790	1,816	1,823	1,810	1,830	1,834	1,817
25/26 Plan	1,839	1,837	1,837	1,832	1,827	1,828	1,860	1,854	1,855	1,853	1,849	1,836

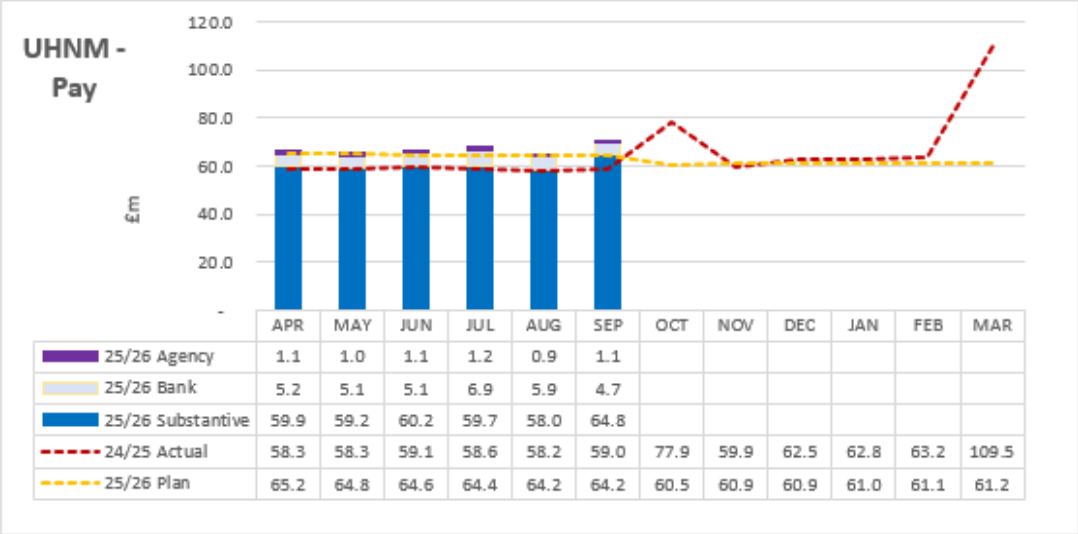


	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
25/26 Actual	6.7	4.8	5.5	5.4	5.7	5.7	-	-	-	-	-	-
24/25 Average	5.7	5.7	5.7	5.7	5.7	5.7	5.7	5.7	5.7	5.7	5.7	5.7
25/26 Plan	5.8	5.8	5.8	5.8	5.8	5.8	5.8	5.8	5.8	5.8	5.8	5.7

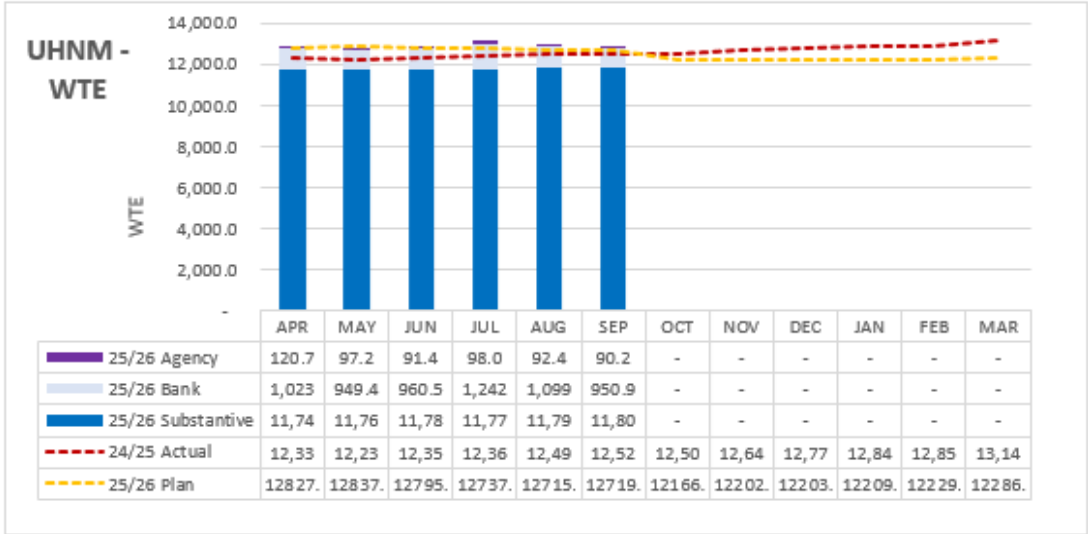


	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
25/26 YTD Actual	-0.08	-0.09	-0.1	0.3	0.0	0.1	-	-	-	-	-	-
25/26 YTD Plan	-0.11	-0.11	-0.11	-0.04	-0.04	-0.04	0.07	0.07	0.07	0.07	0.07	0.08

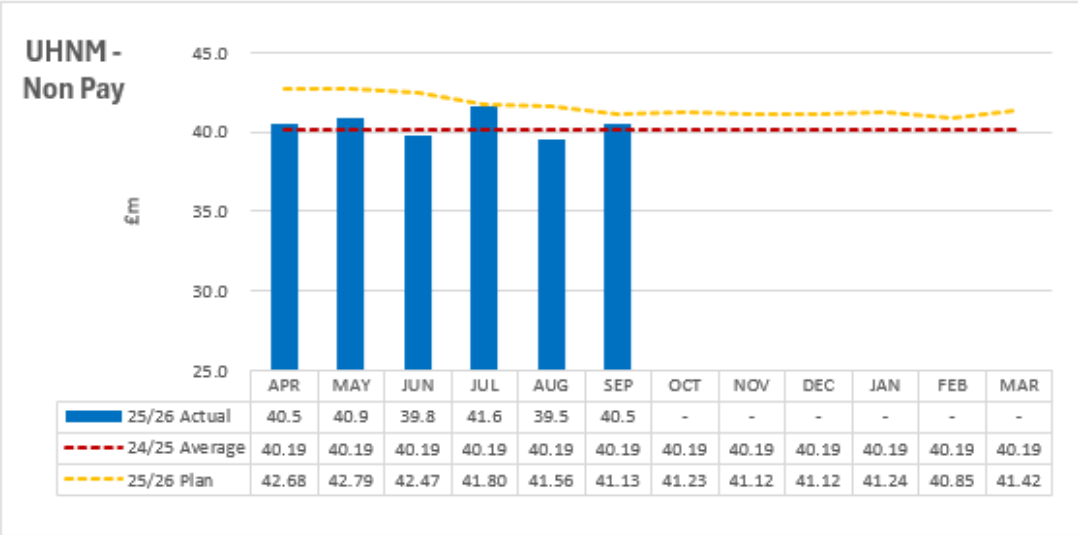
Provider – UHNM Run Rate



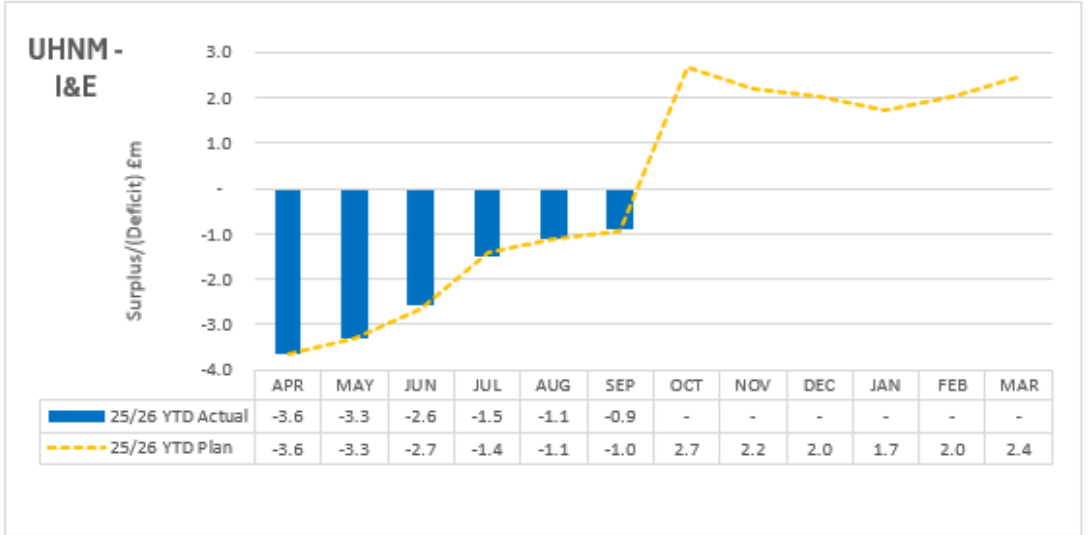
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
25/26 Agency	1.1	1.0	1.1	1.2	0.9	1.1						
25/26 Bank	5.2	5.1	5.1	6.9	5.9	4.7						
25/26 Substantive	59.9	59.2	60.2	59.7	58.0	64.8						
24/25 Actual	58.3	58.3	59.1	58.6	58.2	59.0	77.9	59.9	62.5	62.8	63.2	109.5
25/26 Plan	65.2	64.8	64.6	64.4	64.2	64.2	60.5	60.9	60.9	61.0	61.1	61.2



	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
25/26 Agency	120.7	97.2	91.4	98.0	92.4	90.2	-	-	-	-	-	-
25/26 Bank	1,023	949.4	960.5	1,242	1,099	950.9	-	-	-	-	-	-
25/26 Substantive	11,74	11,76	11,78	11,77	11,79	11,80	-	-	-	-	-	-
24/25 Actual	12,33	12,23	12,35	12,36	12,49	12,52	12,50	12,64	12,77	12,84	12,85	13,14
25/26 Plan	12827.	12837.	12795.	12737.	12715.	12719.	12166.	12202.	12203.	12209.	12229.	12286.



	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
25/26 Actual	40.5	40.9	39.8	41.6	39.5	40.5	-	-	-	-	-	-
24/25 Average	40.19	40.19	40.19	40.19	40.19	40.19	40.19	40.19	40.19	40.19	40.19	40.19
25/26 Plan	42.68	42.79	42.47	41.80	41.56	41.13	41.23	41.12	41.12	41.24	40.85	41.42



	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
25/26 YTD Actual	-3.6	-3.3	-2.6	-1.5	-1.1	-0.9	-	-	-	-	-	-
25/26 YTD Plan	-3.6	-3.3	-2.7	-1.4	-1.1	-1.0	2.7	2.2	2.0	1.7	2.0	2.4

Staffordshire and Stoke-on-Trent Integrated Care System

People Metrics

September 2025 Position

The following providers a brief overview of the workforce position in respects of challenges and achievements:

- ☑ To date, Overall workforce has decreased by 415 WTE in 2025/26 (-319 WTE Bank, -174 WTE Agency and +78 WTE Agency).
- ☑ Reductions have occurred across all Staff Groups except for Registered S,T&T (+73 WTE) and Medical and Dental (+46 WTE).
- ☑ Temporary Staff utilisation has decreased by -493 WTE (23%) since the start of 2025/26.
- ☑ M06 (158 WTE) and M05 (167 WTE) Agency utilisation is the lowest since, at least, Mar-19 with M06 52% lower than the start of 2025/26.

⚖ At 5.4%, In Month Sickness rates are the second highest of 2025/26 but in line with the average absence; 0.6% below the highest (Dec-24) and lowest (May-25) months.

⚠ In M06, SSoT's 3 Providers had a combined workforce of 24,674 WTE; 182 WTE /1% above the 2025/26 planned position. This represents the 3rd consecutive month, in 2025/26, where the overall workforce plan has been exceeded.

⚠ M06, Substantive workforce (23,003 WTE) is at its largest since, at least, Mar-19.

⚠ At M06, SSoT (excl ICB) is £2.8M above YTD Spend Plan. This is comprised of a £9.6M Bank overspend offset by £3.7M Substantive and £3.1M Agency underspend.

SSOT Workforce Variance to Plan by Provider NHS Trust (M06)

	SSoT	MPFT	NSCHT	UHNM
Total Workforce (WTE)	**+182** (+1%)	**+2** (0%)	**+52** (+3%)	**+129** (+1%) *UHNM are currently 277 WTE above Funded Establishment
Substantive (WTE)	**+45** (0%)	+51 (+1%)	+40 (+2%)	-46 (-0.5%)
Bank (WTE)	**+170** (+13%)	-27 (-6%)	+17 (+10%)	+180 (+23%)
Agency (WTE)	**-32** (-17%)	-22 (-26%)	-4 (-29%)	-6 (-6%)
Reasons for Variation	Additional details unavailable prior to FPC papers deadline.			

Staffordshire and Stoke-on-Trent Integrated Care System

People Metrics Appendices

- System Monthly Position
- System Trend
- Provider Summary

Staffordshire & Stoke-on-Trent NHS: September 2025

Staffordshire and Stoke-on-Trent Integrated Care System

Staffordshire and Stoke-on-Trent Integrated Care System

NHS Workforce

Total Workforce
24,674 WTE (H)

Substantive
23,003 WTE*
*Highest WTE Since Mar-19

Bank
1,512 WTE

Agency
158 WTE* (L)
*Lowest WTE Since Mar-19

Temporary Workforce
6.8%

In Month Agency Spend
£1.7M (1.4% of total spend)

Vacancies (L)
1,920 wte (7.7%*)
*Lowest Vacancy Rate Since Mar-19

Joiners
298 wte

Leavers
227 wte

Other Health and Care Workforce

SSOT ICB Workforce
429 WTE

Primary Care Workforce
3,524 WTE

Social Care Workforce
21,000 WTE

Dentistry Workforce
610 Headcount

12 Month Rolling KPI's (%)

8.2%	Turnover Rate (L)
5.6%	Sickness Absence Rate (H)
94.3%	Mandatory Training
86.8%	AFC Appraisal Rate
79.2%	Medical Appraisal Rate (H)

Current Workforce Position: September 2025

Staffordshire and Stoke-on-Trent Integrated Care System

Staff in Post (Total Workforce wte)

Current Month: 24,873

Position to Plan: +182

12M Change: +421

FYTD Change: - 426

Staff in Post (Substantive wte)

Current Month: 23,003

Position to Plan: +45

12M Change: +576

FYTD Change: +79

Bank Workforce (Bank wte)

Current Month: 1,513

Position to Plan: +170

12M Change: - 62

FYTD Change: - 319

Agency Workforce (Agency wte)

Current Month: 158

Position to Plan: -32

12M Change: -93

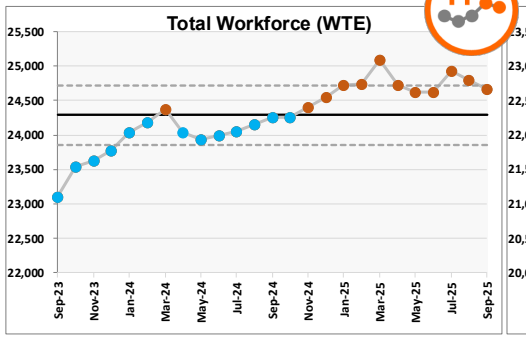
FYTD Change: -174

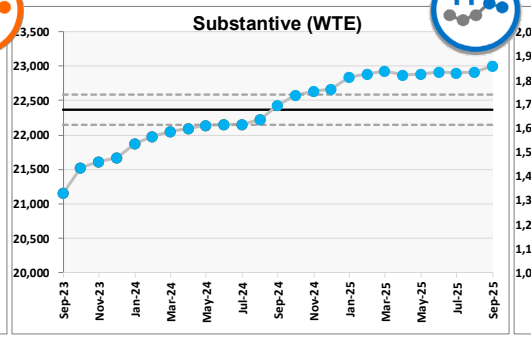
Vacancies (%)

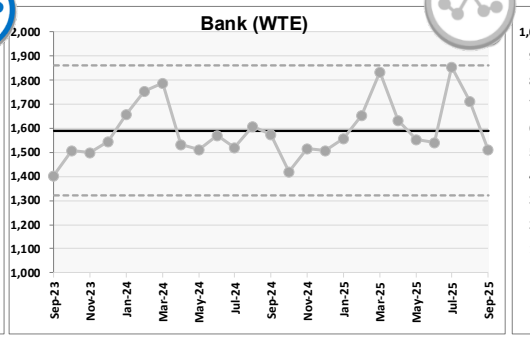
Current Month: 7.7%

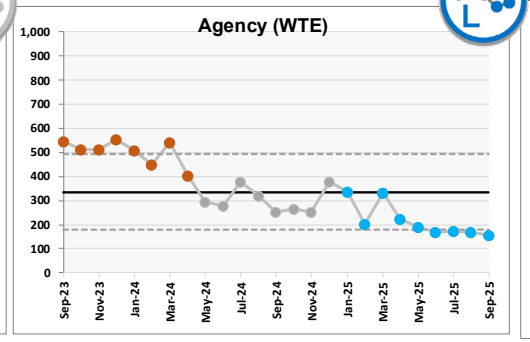
12M Change: -1.5%

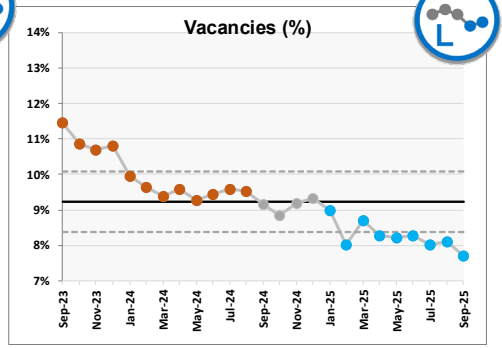
FYTD Change: -1.0%

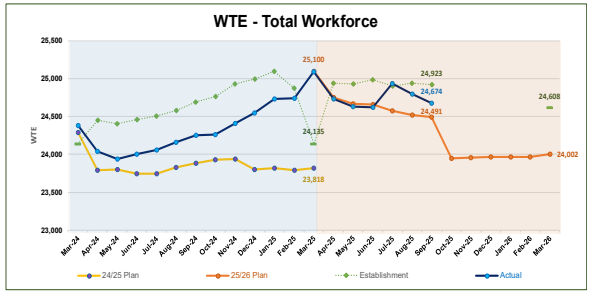


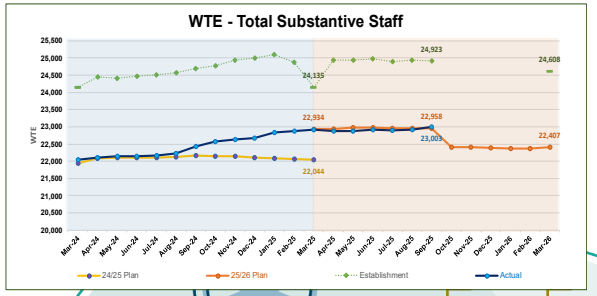


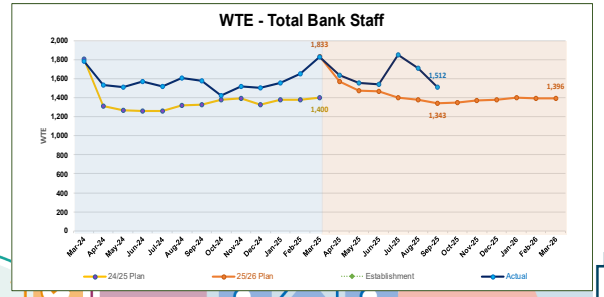


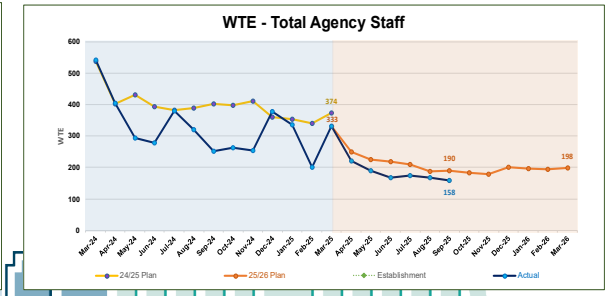












Total WF - Actual vs Plan

Overall: +182 wte above plan
Registered Nursing: +50 wte below
Registered S,T&T: +92 wte above
Support to Clinical: -52 wte above
NHS Infrastructure: +3 wte below
Medical and Dental: +90 wte above

Substantive - Actual vs Plan

Overall: +45 wte below plan
Registered Nursing: +38 wte below
Registered S,T&T: +81 wte above
Support to Clinical: -120 wte below
NHS Infrastructure: -4 wte below
Medical and Dental: +51 wte above

Bank - Actual vs Plan

Overall: +170 wte above plan
Registered Nursing: +44 wte above
Registered S,T&T: +14 wte above
Support to Clinical: +102 wte below
NHS Infrastructure: +16 wte above
Medical and Dental: -5wte below

Agency - Actual vs Plan

Overall: -32 wte below plan
Registered Nursing: -31 wte below
Registered S,T&T: -3 wte above
Support to Clinical: -34 wte below
NHS Infrastructure: -9 wte below
Medical and Dental: +44 wte above

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

Enclosure 13a

AAA Escalation & Assurance Report from Committees

Report To:	ICB Board
Date:	20th November 2025
Reporting Committee / Group:	Finance and Performance Committee (System & ICB)
Date of Meeting:	7th October 2025
Meeting Quorate Y/N?	Yes (both)
Presenter:	Mike Lawton, Non-Executive Member and Committee Chair
Author:	Kelly Weatherill, Executive Assistant

Key Escalation & Discussion Points from the Committee Meeting:

ALERT
There were no items to alert the ICB Board from October's Committee meeting.

ADVISE

System Finance and Performance Committee *(formerly Part A)*

Chief Finance Officer Update
The Committee received an update from the Chief Finance Officer, the purpose of which was to advise members on strategic finance issues not otherwise covered elsewhere in the formal Committee reports. The paper covered the following areas:-

- An overview of month 5
- The work undertaken in relation to underlying positions as part of the month 5 closedown, and future requirements over the coming months
- Capital forecasting
- Deconstructing the blocks

System Performance Group - Escalation Report
The Committee received a summary of key issues that had been discussed at the System Performance Group (SPG) on 24th September 2025 and the System Capital Group (SCG) on 19th September,

including updates on system finance, workforce, performance, winter planning, Mental Health Out of Area (OOA) beds and patient delays and Discharge to Assess (D2A) Review.
The Committee was updated on the work undertaken by all Provider organisations across month's 4 & 5 to reduce the figure from circa £60m to £25m, and the work being undertaken by UHNM in relation to grip and control, a Finance Well-Led review and Transformation work to address the remaining £25m.

The Committee was also updated on the challenges and worsening situation regarding ambulance handover delays at UHNM.

Overall, the Committee was assured by the SPG summary and associated reports on Month 5 Finance and Performance.

Planning Update
The Committee received an overview of the national planning framework for 2026/27 which outlined the approach being taken to meet the requirements, the Committee was assured on the work already initiated under Phase 1 of the planning cycle.

Winter Plan
The Committee undertook a detailed discussion in relation to the Winter Plan. The Committee **approved** the winter plan including recurrent investment of £2.1m to support the establishment of the Urgent Treatment Centre and deployment of internal ICB funds to fund agreed Winter schemes.

In addition to this, the Committee were asked to **note** the following areas:-

- Whilst the ICC expansion was agreed for Winter only, the recurrent case relating to substantive ICC expansion will be presented to the Committee in the form of a Business Case.
- The cost pressures at UHNM estimated by the Business Cases for additional surge capacity and other interventions in order to reduce bed demand.
- The ICB non-recurrent expenditure and associated schemes to support winter which were included in the 2025/26 plan.

Provider Collaborative Assurance Update
The Committee noted the report and the ongoing work undertaken in the Provider Collaborative which consists of three priority areas agreed by system Chief Executives:

- UEC/Community Transformation to support Winter
- Back Office Transformation
- Neighbourhood Health

ICB Finance and Performance Committee *(formerly Part B)*

Month 5 Finance Report & 2025/26 Efficiency Report
The Committee received the Month 5 ICB financial position. The ICB reported a YTD breakeven position against the £11.8m plan, representing a static position throughout the financial year to this point. The Committee was updated on the risk of £20.1m and noted the report and the ongoing work to eradicate the risk.

Section 75 Agreements
The Committee received an update on S75 Agreements, which outlined the requirement for the ICB to enter new Section 75 agreements with Stoke-on-Trent City Council and Staffordshire County Council for the financial year 2025/26. The Committee was assured that these agreements provide a robust framework for managing financial contributions, risks, and outcomes in line with the ICB's 2025/26 financial plan.

ASSURE
There were no further items of assurance to report to the ICB Board from October's Committee meeting.

System-ICB Risks / Board Assurance Framework (SBAF):
The Committee were presented with updates relating to the ICB and System Risk Registers.

Policies Approved:
The Committee did not receive or approve any policies this month; nor did any papers received under the Business Cycles of both parts have any likely future impacts on current policy matters.

Decisions to be Escalated to ICB Board:
There were no escalations to Board Assurance Committees or to the ICB Board.

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

Enclosure 13b

AAA Escalation & Assurance Report from Committees

Report To:	Board
Date:	20th November 2025
Reporting Committee / Group:	Finance and Performance Committee (System & ICB)
Date of Meeting:	29th October 2025
Meeting Quorate Y/N?	Yes (both)
Presenter:	Mike Lawton, Non-Executive Member and Committee Chair
Author:	Kelly Weatherill, Executive Assistant

Key Escalation & Discussion Points from the Committee Meeting:

ALERT
There were no items to alert the ICB Board from the meeting.

ADVISE

System Finance and Performance Committee *(formerly Part A)*

Chief Finance Officer Update
The Committee received an update from the Chief Finance Officer, the purpose of which was to advise members on strategic finance issues not otherwise covered elsewhere in the formal Committee reports. The paper covered the following areas:-

- Regional and national financial position
- Implementation of new financial ledger
- Update on contract status
- Update on NHS financial regime linked to planning

System Performance Group - Summary Report
The Committee received a summary of key issues that were due to be discussed at the System Performance Group (SPG) later that day, including updates on system finance, efficiency programme,

workforce, performance, planning review and feedback from the System Capital Group which had taken place on 17th October.

The Committee was updated on the system financial position which is currently £0.7m ahead of plan, against a planned deficit of £22m at month 6, followed by a breakdown of individual provider positions.

Overall, the Committee was assured by the SPG summary and associated reports on Month 6 Finance and Performance. The Committee noted the increased levels of efficiency required over the second half of the financial year and the associated risk should this step up not be achieved. The Committee also noted the timing for the UHNM recovery plan which will link into month 7 reporting.

Planning Update
The Committee received an update on the Medium-Term Planning Framework - Delivering Change Together 2026/27 to 2028/29, which had been published on 24th October 2025 and outlines progress made during Phase One of the planning process. The update also included the ICB's draft Strategic Commissioning Intentions. The Committee was assured by the update but noted the compressed timescale for the annual planning round.

Financial Undertakings
Following a letter received from NHS England on 12th September 2025, the ICB is required to formally report to NHS England on its position against the legal Undertakings set out in the letter received in April 2024. Whilst these are undertakings for the ICB as a statutory, meeting the requirements of the financial undertakings requires action from all system partners to deliver financial balance and eliminate underlying deficits. The Committee had received an update on the current status of the ICB Undertakings in advance of the update being provided to NHS England on 7th November. The update was presented in the form of a dashboard which listed the undertakings, the deliverables which are to be achieved, the metrics that will be used, and any current milestones and actions to reach the required outcomes. It was agreed that the Undertakings response will be signed off w/c 3rd November by the Finance & Performance Committee Chair, the Audit Committee Chair and the ICB Cluster Chair.

Maternity Birth Rate Plus Business Case
The Committee was presented with the business case requesting support to invest in maternity service staffing to enable delivery of a safe midwifery staffing baseline at UHNM. The business case was in response to the latest Birthrate Plus report which reported increased complexities of the women and insufficient staffing levels. Aspects of the staffing increase required is due to changes in clinical practice of inductions due to changes in RCM directions. The business case is also linked to the Clinical Negligence Scheme for Trusts, and consequently the Maternity Incentive Scheme would not be paid if the Trust did not commit to recruit to the required establishment. The business case was approved on the understanding that the funding for the investment is covered within UHNM's current forecast, with potential mitigations to offset this year through the planning process.

Provider Collaborative Assurance Update
The Committee noted the report and the ongoing work undertaken in the Provider Collaborative which consists of three priority areas agreed by system Chief Executives:

- UEC/Community Transformation to support Winter
- Back Office Transformation
- Neighbourhood Health

The update focussed specifically on the work underway in relation to UEC / Community Transformation and Corporate Services.

ICB Finance and Performance Committee *(formerly Part B)*

Month 6 Finance Report & 2025/26 Efficiency Report
The Committee received the Month 6 ICB financial position which reported a year-to-date breakeven position against the £12.1m plan. Deficit support funding has been received by the system up to and including Q3 (£71.3m / £95.0m). In terms of the Efficiency Programme update, the level of plans

implemented or fully developed by the ICB reflects an extremely positive position (£150.3m/88%) however, the ICB has previously reported a £12.2m risk to delivery with the key driver being £17.9m shortfall in approved plans to the £169.9m target.

Individual Funding Requests (IFR) Annual Report 2024/25

The Committee received the IFR Annual Report for 2024/25 which provided an overview of the activity within the IFR Team for the financial year 2024/2025 the purpose of which was to provide assurance that the ICB is adhering to the IFR Policy v3.0 currently in place.

ASSURE

There were no further items of assurance to report to the ICB Board from October's Committee meeting.

System-ICB Risks / Board Assurance Framework (SBAF):

The System Risk Register is a bi-monthly update to the Committee. The next update will be due at the December Committee.

Policies Approved:

The Committee did not receive or approve any policies this month; nor did any papers received under the Business Cycles of both parts have any likely future impacts on current policy matters.

Decisions to be Escalated to ICB Board:

There were no escalations to Board Assurance Committees or to the ICB Board.

Staffordshire and Stoke-on-Trent Integrated Care System

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure No: 14

Report to:	**Integrated Care Board**					
Date:	**20 November 2025**					
Title:	**Assurance and Performance Report – M06**					
Presenting Officer:	Mish Irvine, Chief People Officer					
Author(s):	Matthew Bewick – ICS Principal Workforce Information & Systems Manager					
Document Type:	Choose an item.		If Other: Click or tap here to enter text.			
Action Required (select):	**Information (I)**	☒	**Discussion (D)**	☐	**Assurance (S)**	☐
	Approval (A)	☐	**Ratification (R)**	☐	*(check as necessary)*	
Is the decision within SOFD powers & limits	**Yes / No**	NO				
Any potential / actual Conflict of Interest?	**Yes / No**	NO *If Y, the mitigation recommendations –* Click or tap here to enter text.				
Any financial impacts: ICB or ICS?	**Yes / No**	YES *If Y, are those signed off by and date:* Click or tap here to enter text.				
Any impacts on ICB Undertakings?	**Yes / No**	YES *If Y, are those signed off by and date:* Click or tap here to enter text.				
Appendices:	Click or tap here to enter text.					

(1) Purpose of the Paper:

This summary paper provides an update on FY25-26 in year workforce position, position to FY25-26 plan and associated risks, challenges and mitigations.

(2) History of the Paper & Whether for I-D-S-A-R (as above):	Date
	Click or tap to enter a date.

(3) Implications:	
Legal or Regulatory	There are several conflicts to the workforce agenda at a national level, i.e. financial control and long term workforce plan.
CQC or Patient Safety	Workforce has a direct impact on patients and the care they receive. In response to previous wider workforce challenges, Francis report, a number of mitigations have been developed since the report to ensure safer staffing tools and professional judgement are incorporated into staffing level decisions.
Financial (CFO-assured)	Workforce is the majority of NHS operating costs.
Sustainability	Need to ensure that workforce levels are safe, sufficiently resourced to deliver patient care.

Workforce or Training	As detailed in the exec summary below.
Equality & Diversity	Yes, workforce demographic should be representative of the population served.
Due Regard: Inequalities	As per Equality and Diversity.
Due Regard: wider effect	Our workforce is the means in which our patients receive care and is also our biggest asset.

(4) Statutory Dependencies & Impact Assessments:

Assessment	Completed?	If No / N/A – Rationale	If Yes – Outcome & Date Reported / Signed off
DPIA	☐ Yes ☐ No ☒ N/A	Click or tap here to enter text.	*Reported to IG Committee:* Click or tap to enter a date.
EIA	☐ Yes ☐ No ☒ N/A	Click or tap here to enter text.	*Outcome and date of completion:* Click or tap here to enter text.
QIA	☐ Yes ☐ No ☒ N/A	*(enter rationale, per ICB QIA Policy, that it does not impact on quality of services)* Click or tap here to enter text.	*SRO sign-off, outcome & date of completion:* Click or tap here to enter text.
Has there been Public / Patient Involvement?	☐ Yes ☐ No ☒ N/A		Click or tap here to enter text.

(5) Integration with the System Board Assurance Framework & Key Risks:

SBAF1	Responsive Patient Care - Elective	☒	**SBAF5**	High Quality, Safe Outcomes	☒
SBAF2	Responsive Patient Care - UEC	☒	**SBAF6**	Sustainable Finances	☒
SBAF3	Proactive Integrated Community Services	☐	**SBAF7**	Improving Productivity	☒
SBAF4	Reducing Health Inequalities	☒	**SBAF8**	Sustainable Workforce	☒

(6) Executive Summary, incl. expansion on any of the preceding sections:

Overall workforce levels, as at Sept-25 totalled 24,674 WTE. This represents a position +182 WTE above plan and a -415 WTE Year To Date (YTD) reduction.

Bank utilisation in M06 totalled 1,513 WTE; 170 WTE above plan. Since the start of 2025/26 (including a period of pressure in M04 caused by Industrial Action), bank utilisation has totalled 9,804 WTE. This represents a +491/ 6% WTE increased on the same period in 2024/25.

Agency utilisation in M05 was 158 WTE. This represents, not only a position that is 32 WTE (17%) below plan but also the lowest usage of any month in data collected since Mar-19. In FY25/26 to date, a total of 1,080 Agency WTE has been utilised; this represents an 847 WTE /44% reduction compared to the same period in 2024/25

Agency spend, at £10.1m YTD, constitutes 1.4% of all staff spend in 2025/26 so far and remains £3.1 under plan. The YTD Agency spend represents a -£6.3m/-38% reduction on the Agency spend for the same period last year. In contrast, the YTD spend associated with Bank staff totals £48.6m ; 6.8% of total staff spend, +£9.6m above plan and an increase of +£5.8m/13.6% on the equivalent period in 2024/25

(7) Recommendations to Board / Committee:

Staffordshire and Stoke-on-Trent Integrated Care System

People Metrics

September 2025 (M06) Position

The following providers a brief overview of the workforce position in respects of challenges and achievements:

- To date, Overall workforce has decreased by 415 wte in 2025/26 (-319 wte Bank, -174 wte Agency and +78 wte Substantive).
- Reductions have occurred across all Staff Groups except for Registered S,T&T (+73 wte) and Medical and Dental (+46 wte).
- Temporary Staff utilisation has decreased by -493 wte (23%) since the start of 2025/26.
- M06 (158 wte) and M05 (167 wte) Agency utilisation is the lowest since, at least, Mar-19 with M06 52% lower than the start of 2025/26.

At 5.4%, In Month Sickness rates are the second highest of 2025/26 but in line with the average absence; 0.6% below the highest (Dec-24) and lowest (May-25) months.

In M06, SSoT's 3 Providers had a combined workforce of 24,674 wte; 182 wte /1% above the 2025/26 planned position. This represents the 3rd consecutive month, in 2025/26, where the overall workforce plan has been exceeded.

M06, Substantive workforce (23,003 wte) is at its largest since, at least, Mar-19.

At M06, SSoT (excl ICB) is £2.8M above YTD Spend Plan. This is comprised of a £9.6M Bank overspend offset by £3.7M Substantive and £3.1M Agency underspend.

SSOT Workforce Variance to Plan by Provider NHS Trust (M06)

	SSoT	MPFT	NSCHT	UHNM
Total Workforce (wte)	**+182** (+1%)	**+2** (0%)	**+52** (+3%)	**+129** (+1%) *UHNM are currently 277 wte above Funded Establishment
Substantive (wte)	**+45** (0%)	+51 (+1%)	+40 (+2%)	-46 (-0.5%)
Bank (wte)	**+170** (+13%)	-27 (-6%)	+17 (+10%)	+180 (+23%)
Agency (wte)	**-32** (-17%)	-22 (-26%)	-4 (-29%)	-6 (-6%)
Reasons for Variation		Current position against plan is the result of assumptions made around reductions from M03. The implementation of transformation plans has stalled whilst awaiting external approval to commence.	Additional information unavailable at this time.	**Substantive** remains below plan overall but some individual elements exceed plan. **M&D** (37 wte above plan): Recruitment to Training posts in Aug/Sept plus recruitment to STS Phase 2 Business case to cover Mat Leave **Nursing & Midwifery** (3 wte above plan):Recruitment to vacant posts plus: • Covering long term sickness • Replacing secondments converted to permanent. • Approved business case County Frailty Assessment Unit. • Approved dermatology business case. • Approved endoscopy business case. **Registered Scientific, Therapeutic and Technical staff** (47 wte above plan): • Recruitment to vacant posts – Physio & OT + 7wte. • Recruitment of newly qualified Diagnostic Radiographers to vacancies. • ODP Recruitment– covering vacancies in trauma & general theatres. • Dietician covering vacancy **Bank** • High sickness absence, for both **Registered Nursing and Midwifery** and **Support to Clinical.** • Maternity rates higher than the budgeted establishment for **Clinical Support Workers**. • Increased vacancies +30 WTE for **Clinical Support Workers.** • Increased use of 1:1's in **Clinical Support Workers.** • Registered ST&T - a significant increase in Maternity Leave in AHP's will be impacting on the increase in bank usage **Agency** **M&D** (36 wte above plan): Due to vacancies in specialist area, high maternity leave (2.5%), sickness (2.5%) and Waiting List Initiatives impacting **Imaging, Neurosurgery, Acute Medicine, General Surgery, Urology, Pathology Services and Elderly Care**

Staffordshire and Stoke-on-Trent Integrated Care System

People Metrics Appendices

- System Monthly Position
- System Trend
- Provider Summary

Staffordshire & Stoke-on-Trent NHS: September 2025

Staffordshire and Stoke-on-Trent Integrated Care System

NHS Workforce

Total Workforce
24,674 wte

Substantive
23,003 wte*
*Highest wte Since Mar-19

Bank
1,512 wte

Agency
158 wte*
*Lowest wte Since Mar-19

Temporary Workforce
6.8%

In Month Agency Spend
£1.7M (1.4% of total spend)

Vacancies
1,920 wte (7.7%*)
*Lowest Vacancy Rate Since Mar-19

Joiners
298 wte

Leavers
227 wte

Other Health and Care Workforce

SSOT ICB Workforce
429 wte

Primary Care Workforce
3,524 wte

Social Care Workforce
21,000 wte

Dentistry Workforce
610 Headcount

12 Month Rolling KPI's (%)

- 8.2% Turnover Rate
- 5.6% Sickness Absence Rate
- 94.3% Mandatory Training
- 86.8% AFC Appraisal Rate
- 79.2% Medical Appraisal Rate

Current Workforce Position: September 2025

Staffordshire and Stoke-on-Trent Integrated Care System

Staff in Post (Total Workforce wte)

Current Month: 24,873

Position to Plan: +182

12M Change: +421

FYTD Change: - 426

Staff in Post (Substantive wte)

Current Month: 23,003

Position to Plan: +45

12M Change: +576

FYTD Change: +79

Bank Workforce (Bank wte)

Current Month: 1,513

Position to Plan: +170

12M Change: - 62

FYTD Change: - 319

Agency Workforce (Agency wte)

Current Month: 158

Position to Plan: -32

12M Change: -93

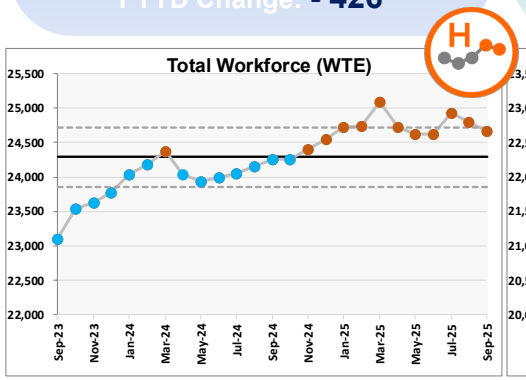
FYTD Change: -174

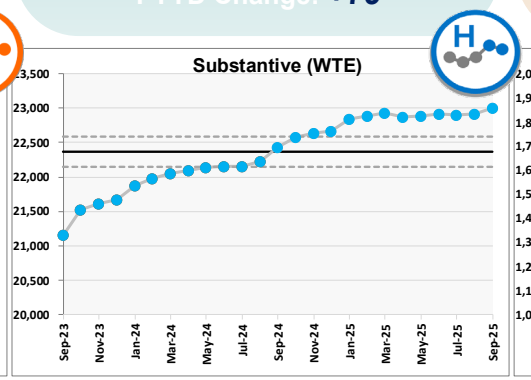
Vacancies (%)

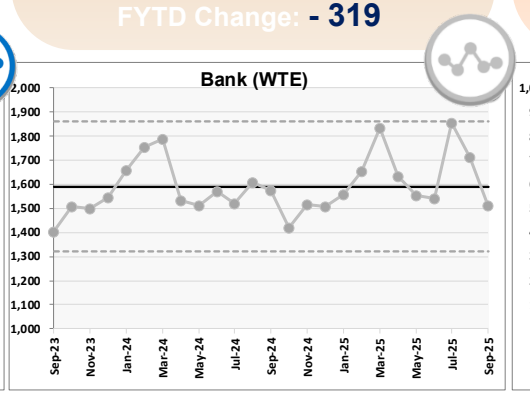
Current Month: 7.7%

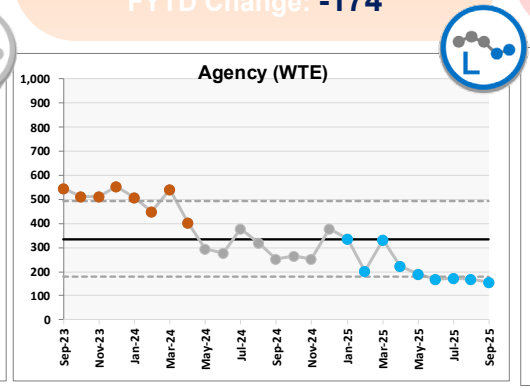
12M Change: -1.5%

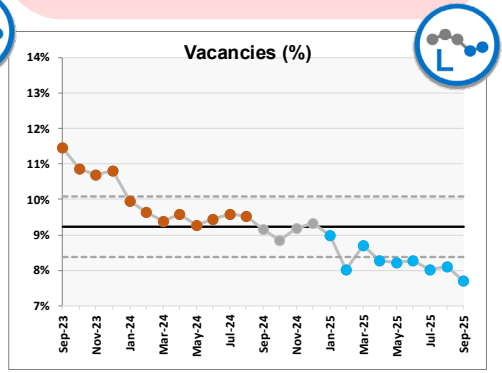
FYTD Change: -1.0%

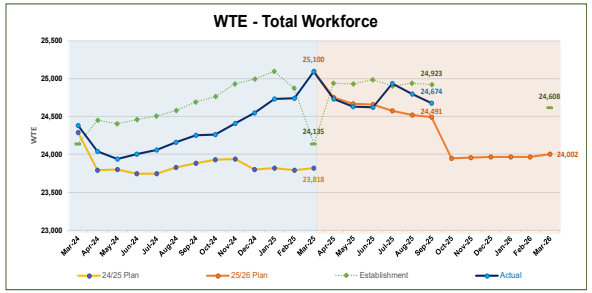


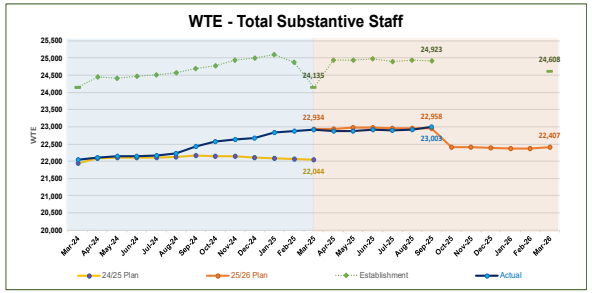


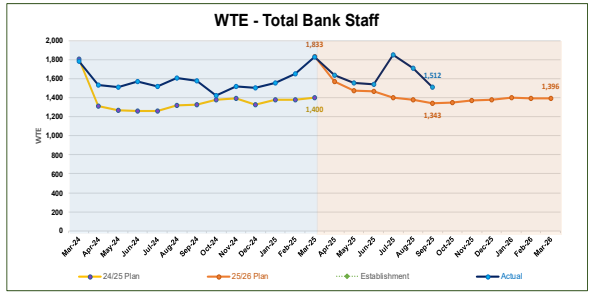


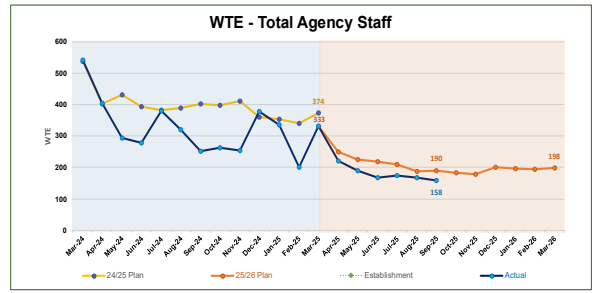












Total WF - Actual vs Plan

Overall: +182 wte above plan
Registered Nursing: +50 wte below
Registered S,T&T: +92 wte above
Support to Clinical: -52 wte above
NHS Infrastructure: +3 wte below
Medical and Dental: +90 wte above

Substantive - Actual vs Plan

Overall: +45 wte below plan
Registered Nursing: +38 wte below
Registered S,T&T: +81 wte above
Support to Clinical: -120 wte below
NHS Infrastructure: -4 wte below
Medical and Dental: +51 wte above

Bank - Actual vs Plan

Overall: +170 wte above plan
Registered Nursing: +44 wte above
Registered S,T&T: +14 wte above
Support to Clinical: +102 wte below
NHS Infrastructure: +16 wte above
Medical and Dental: -5wte below

Agency - Actual vs Plan

Overall: -32 wte below plan
Registered Nursing: -31 wte below
Registered S,T&T: -3 wte above
Support to Clinical: -34 wte below
NHS Infrastructure: -9 wte below
Medical and Dental: +44 wte above

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

Enclosure 15

AAA Escalation & Assurance Report from Committees

Report To:	ICB Board
Date:	20th November 2025
Reporting Committee:	Audit Committee
Date of Meeting:	6th October 2025
Meeting Quorate Y/N?	Yes
Presenter:	Julie Houlder, ICB NEM and Committee Chair
Author:	Paul Winter/Sara Rogers

Key Escalation & Discussion Points from the Committee Meeting:
ALERT

NHS Reset Transition Update

A detailed report was presented to the Audit Committee providing oversight of NHS Reform in support of the Transition Committee, focusing on governance, internal controls, and corporate arrangements. A comprehensive paper will be presented to the ICB Board and set out proposed committee clustering, its impact on decision-making, and governance functions.

Key risks identified include:

- Potential confusion and inefficiency due to executive structure changes
- Overcommitment across multiple meetings
- Loss of organisational memory within joint committees
- Challenges in balancing representation with streamlined membership
-

The transition will involve major cultural and operational change, requiring proactive planning to:

- Maintain effective governance
- Avoid duplication
- Support sound decision-making during restructuring

The paper will present governance model options, with Boards responsible for final decisions and the governance workstream tasked with implementation.

Risk Management:

The summary risk report presented to Audit Committee showed a consistently high-risk profile with several long-standing, static risks. Committees have confirmed that current risk scores and mitigating actions remain appropriate, but concerns were raised over the lack of visible progress in addressing

certain enduring risks. With the potential of upcoming staff reductions and increasing workload pressures, there is a risk that the organisation's approach to risk management could weaken. The Audit Committee is asked to maintain current oversight, ensure risk owners review the validity and actions for each risk, and confirm that measures are delivering tangible improvement.

A letter from the Audit Committee Chair will be sent to all executives and NEMs highlighting that while risk processes remain robust, continued focus is essential during the transition, and variations in risk appetite should not be used as a reason for inaction.

ALERT (continued)

ISFE2 Implementation:
A new financial ledger system was implemented on 1 October, replacing a 12-year-old system. Initial teething issues have arisen, mainly due to limited end-user access pre-launch and some process inconsistencies, but key functions, including payment runs, have operated successfully, with no major risks to supplier payments.

A project board continues to oversee the rollout, and while national programme engagement could have been stronger, no additional resources are needed. Short-term operational and cyber risks remain, particularly given limited user training and ongoing organisational changes, but robust controls and monitoring are in place.

The ICB Board is asked to note these risks and the mitigating actions implemented to manage them.

ADVISE

Internal Audit Plan:
The internal audit summer progress report (1 July–30 September) confirmed substantial assurance for both the Quality of Commissioned Services and Health Inequalities audits, indicating strong internal controls and appropriate arrangements. Audit scope included escalation and learning processes for service failures and confirmed engagement with population cohorts in tackling health inequalities.

Members cautioned against complacency, noting that despite the positive outcomes, progress in reducing health inequalities remains slow and represents an ongoing risk. MIAA also confirmed several reviews are in progress, including workforce key controls, key financial systems, and continuing healthcare, with no changes to the audit plan.

The report also includes details of recent briefings and upcoming events.

Counter Fraud Report:
An update on counter-fraud activity was provided, highlighting that the new "failure to prevent fraud" legislation came into effect on 1 September, with a proactive work programme and board training underway. A national NHS Counter Fraud Authority report was shared, detailing sanctions, redress, recovery, and losses. One risk assessment component has been temporarily rated amber in line with new government requirements, with no local concerns identified.

Regular liaison meetings with the West Midlands team have commenced, and three investigations remain ongoing, two relating to personal health budgets (PHBs). No new referrals have been received.

The 2024/25 fraud prevention total stands at approximately £8.5 million, though the completeness of these figures is under review. Sanctions activity is increasing following pandemic-related court delays, with several cases progressing toward prosecution.

Commercial Sponsorship Policy:
Members approved the revised Commercial Sponsorship Policy ahead of Board ratification. The policy has been updated following consultation with Medicines Optimisation and other stakeholders to

strengthen safeguards around commercial sponsorship and manage associated reputational and procedural risks. The refresh reflects the increasing number of joint projects funded by external partners, such as Macmillan and NHS England, operating across ICS-wide care pathways.

The committee endorsed the policy and agreed for it to be shared with the Strategic Commissioning Transformation Committee for information.

Urgent Decision Process Taken:
An urgent decision was taken by the Chair and Chief Executive to terminate a GP practice contract in Tamworth on 10th September following serious patient safety concerns identified during a visit on 3rd September, including deficiencies in infection control, clinical governance, and service delivery.

Acting under constitutional powers and legal advice, the termination was approved to protect patient safety. Non-executives were briefed on 9th September, and the decision has since been aligned with normal governance processes through the Primary Care Forum, the Board, and the Strategic Commissioning Transformation Committee.

ASSURE

Freedom of Information Act / Subject Access Requests (SAR) update report:
Submitted to the Audit Committee for information and assurance, and to provide an update on the status of requests received. This report covers the period 1st July – 24th September 2025. The Governance Team advised that during this reporting period, all FOI requests have been responded to in line with statutory requirements except for one. An RCA has been completed and was presented to Audit Committee. A total of 102 requests were received in the period, with 16 currently open. There has been a total of 33 SARs received during the period, which includes CHC related requests.

The committee discussed the complexity and sensitivity of CHC appeals, noting the significant impact on patients and the link between current requests and ongoing transformation work. It was recognised that while efficiencies are being achieved, some appeals stem from transitional challenges that will take time to stabilise. In response, it was agreed that a comprehensive CHC position paper will be developed, aligning with the upcoming internal audit review, to ensure a full understanding of the issues and provide assurance on the effectiveness and fairness of current processes.

Gifts & Hospitality Learning Report/Register update:
The Audit Committee received an Internal Audit learning report highlighting sector-wide lessons on conflicts of interest, procurement risks, and governance weaknesses affecting oversight and decision-making.

A separate update on last year's DSPT audit confirmed that previously identified deficiencies in the staff leavers process, where delays in closing accounts increased cyber risk, have now been resolved. An automated link between the payroll ESR system and the IT network provider is in place, significantly strengthening controls and reducing the associated cyber risk.

Policies Approved:

ICB Business Continuity Policy

Members approved the updated business continuity policy for onward ratification by ICB Public Board, noting future amendment may be required outside of the three-year review cycle dependent upon clustering arrangements with STW ICB.

Following the meeting it has been announced that the ICB has achieved a substantially compliant position in the NHS EPRR Annual Assurance Process for the third year running, with a result of 93.6% compliance, increased from 91.5% in 2024.

Finance Policies:

Anti-Fraud and Anti Bribery, Capital Accounting and Prime Financial Policies

Members approved the updated policies with the caveat that the Capital Accounting and Prime Financial policies were due to be presented to the Policy Group due to be held on the 2nd November 2025.

Decisions to be Escalated to ICB Board:

NHS Reset Transition Update

The Audit Committee propose that each Board Assurance committee should share and review the entire paper, as part of their agenda to ensure broader awareness of the analysis and situation report.

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

Business Continuity Policy

Policy Folder & Policy Number:	
Version:	2.0
Ratified by:	ICB Board
Date ratified:	18 August 2022
Name of originator/author:	Katie Weston, EPRR Strategic Lead
Name of responsible committee/individual:	Phil Smith, Accountable Emergency Officer
Date approved by Committee/individual:	tbc
Date issued:	tbc
Review date:	tbc
Date of first issue	19 August 2022
Target audience:	All staff

Document History

CONSULTATION SCHEDULE

Name and Title of Individual	Groups consulted	Date Consulted
Katie Weston, EPRR Manager	Phil Smith, Accountable Emergency Officer	15 August 2022
Katie Weston, EPRR Strategic Lead	ICB Senior EPRR Team Phil Smith, Accountable Emergency Officer	05 August 2022

RATIFICATION SCHEDULE

Name of Committee approving Policy	Date
ICB Board	18 August 2022
ICB Audit Committee	06 October 2025
ICB Board	20 November 2025

VERSION CONTROL

Version	Version / Description of amendments	Date	Author/amended by
1	New policy	18 August 2022	Katie Weston
2	Triennial review	31 July 2025	Katie Weston
3			

IMPACT ASSESSMENTS – AVAILABLE ON REQUEST

	Stage	Complete	Comments
Equality Impact Assessment	N/A		
Quality Impact Assessment	N/A		
Privacy Impact Assessment	N/A		

Staffordshire and Stoke-on-Trent Integrated Care Board

Staffordshire and Stoke-on-Trent Integrated Care Board

Business Continuity Policy

Contents

1. Introduction

1.1 The Integrated Care Board (ICB) in Staffordshire and Stoke-on-Trent is responsible for the health and care of 1.1 million people across a geographical area of 1,048 miles. The ICB is aligned with two upper-tier local authorities, Staffordshire County Council and Stoke-on-Trent Council.

1.2 The population is diverse with complex health and care needs, comprising both rural and urban areas, extremes of affluence, deprivation, as well as significant health inequalities.

1.3 Working with partners, the ICB have agreed on an ambitious vision which is 'working with you to make Staffordshire and Stoke-on-Trent the healthiest place to live and work.'

1.4 A disruption to the delivery of services could have a significant impact on patients, staff, and the wider NHS, and the ability to deliver the vision.

1.5 This policy builds upon the commitment to the delivery of the category 1 duties as outlined in the Civil Contingencies Act (2004), and other relevant legislation as detailed, with a specific focus on business continuity.

1.6 This Policy provides the framework for the Business Continuity Management System (BCMS) adopted within Staffordshire and Stoke-on-Trent ICB, to enable the ICB to meet its statutory duties, provide reassurance of the organisation's ability to continue critical service delivery during periods of planned or unplanned disruption or during incident response as far as reasonably practical, and prevent or mitigate the severity of potential service disruptions.

1.7 Disruption to service delivery could occur due to a variety of planned or unplanned events, including but not limited to:

a) Major accident or incident, such as a pandemic, severe weather, nearby incident with widespread impacts

b) Loss of utilities, such as electricity, communications, IT system availability

c) Disruption to staffing, such as transport disruption, industrial action, sickness

d) Loss of premise, such as denial of access, structural loss, major fire

1.8 These events may create secondary impacts leading to further disruption.

2. Policy Statement

2.1 To reduce the impact of disruptive events and maintain services at acceptable predefined levels, the ICB are committed undertaking business continuity by operating, maintaining, and working to continually improve a business continuity management system and strategy aligned to ISO 22301, to provide a basis to develop and implement business continuity management in a consistent and best practice manner.

2.2 BCMS arrangements will also meet the requirements of the EPRR Framework 2022, NHS England Business Continuity Framework (2013), and the NHS Standard Contract Service Conditions (SC30).

2.3 The BCMS will dovetail with the ICB risk management process and Data Protection and Security Toolkit requirements.

2.4 A business impact analysis will be undertaken to identify a list of services identified as non-critical, essential, and critical.

2.5 The ICB will take all reasonable steps to maintain and restore the services as identified in the BIA process in the event of a service disruption in line with pre-identified recovery time objectives.

2.6 The EPRR team will monitor the progress, suitability, and status of business continuity plans, including the list of identified critical, essential and non-essential services within the BIA.

2.7 Business Continuity Plans will be reviewed annually and monitored as part of the EPRR Core Standards Assessment Process, and in liaison with the Audit team, as outlined in the EPRR Policy.

2.8 The EPRR Team will support ICB Commissioners and the Procurement Team to consider the validity of supplier business continuity plans received as part of the tendering and contracting process on request.

3. Purpose

3.1 The Business Continuity Policy, BCMS and supporting documentation will provide a framework for the ICB to ensure resilience and continuation of service delivery of critical / essential services and functions, as far as reasonably practical, in the event of a planned or unplanned service disruption.

3.2 This policy details the intention and commitment of the organisation in creating, maintaining, and improving the business continuity system of the organisation.

3.3 The BCMS framework will enable the production of robust plans and arrangements and a process for testing and exercising arrangements, in addition to the embedding of processes into organisational culture.

4. Aim and Objectives

4.1 The aim of this policy is to support the ICB in identifying, anticipating, and planning for the management and mitigation of risk to service delivery, by establishing a robust framework in which plans and arrangements can be developed.

4.2 Objectives:

4.2.1 To provide a framework to support the ICB commitment to business continuity management in ensuring robust plans are in place for critical and essential services

4.2.2 To mitigate and minimise the risks and impacts of service disruption, as far as reasonably practical, to critical and essential services

4.2.3 To facilitate recovery and restoration of services in a timely manner against pre-defined recovery time objectives

4.2.4 To seek to maintain the following in the event of business disruptions:

- The health, safety and wellbeing of staff, patients, and communities
- Continuity of services
- The quality of our services
- Compliance with statutory, regulatory, and contractual requirements
- The reputation of the ICB
- The security of our assets and data
- Good relationships with our stakeholders

5. Scope

5.1 This policy covers the necessary business continuity plans and arrangements to ensure continuity of services during a planned or unplanned disruption within Staffordshire and Stoke-on-Trent ICB.

5.2 The BCMS' of providers or suppliers are not directly in scope, however as part of the commissioning of any external supplies, the ICB actively seeks assurance of business continuity plans and arrangements, to assess implications to SSOT ICB in relation to supply chain continuity.

5.3 This policy applies to all members of staff, in particular to those outlined within business recovery teams within their respective business continuity plan(s).

5.4 All providers, (including primary care) which deliver services commissioned by SSOT ICB are required to maintain their own business continuity and disaster recovery arrangements.

6. Definitions

Accountable Emergency Officer	A board level executive director responsible for EPRR in their organisation
Business Continuity	The capability to continue delivery of services at acceptable predefined levels during and following disruption
Business Continuity Incident	An event or occurrence that disrupts, or might disrupt, an organisation's normal service delivery, below predefined acceptable levels, where special arrangements are required to be implemented until services can return to an acceptable level. This could include a surge in demand requiring resources to be temporarily redeployed
Business Continuity Management	The identification and management of risk and threats faced by the NHS, due to disruption and interruption, taking steps to control and reduce the risks, assessing the impact on the organisation if the risks should materialise and providing a plan to be followed to ensure that the activities of the organisation continue.
Business Continuity Management System (BCMS)	Part of the overall management system that establishes, implements, operates, monitors, reviews, maintains and improves business continuity.
Business Continuity Plan	Documented information that guides an organisation to respond to a disruption and resume, recover and restore the delivery of products and services consistent with its business continuity objectives
Business Impact Analysis	Process of analysing the impact over time of a disruption to the organisation
Critical Activities	Activities which must be performed in order to deliver the key products and services, and which enable an organisation to meet the most important and time sensitive objectives.
Critical Incident	A critical incident is any localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical services, patients may have been harmed or the environment is not safe requiring special measures and support from other agencies, to restore normal operating functions.
Major Incident	A major incident is any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented.
Maximum Acceptable Outage	The time period that can be endured before disruption compromises the Trust's ability to continue the service or activity
Maximum Tolerable Period of Disruption	Time it would take for adverse impacts, which can arise as a result of not providing a product/service or performing an activity to become unacceptable
Organisational Resilience	The ability of an organisation to anticipate, prepare for, and respond and adapt to incremental change and sudden disruptions in order to survive and prosper [BS65000:2014].
Recovery Time Objective (RTO)	Period of time following an incident within which a product or a service or an activity is resumed or resources are recovered.

7. Business Impact Analysis

7.1 As part of the BCMS, the business impact analysis (BIA) is reviewed annually to categorise services as critical (recovery required within 24 hours), essential (recovery required within 72 hours) and non-essential (recovery required within 2 weeks). These services are required to put in place robust BCPs to enable service restoration and recovery.

7.2 Service level BCPs will contain an individual BIA to identify specific critical services and activities, in addition to recovery time objectives, maximum tolerable periods of disruption and an assessment of the impacts of reduced service delivery.

7.3 Service areas are provided with a business continuity plan template to ensure consistency across the organisation and a familiarity with the plan should mutual aid between directorates or service areas be required.

7.4 Directorate level BCPs will include a BIA summary sheet highlighting the priority areas within the portfolio as outlined in service level BIAs, to ensure strategic oversight, decision making, and prioritisation where incidents impact multiple services.

8. Business Continuity Plans

8.1 The identified lead for the business continuity plan is the responsible owner for identifying service changes or necessary amendments to arrangements.

8.2 Service level BCPs are designed to contain information required to enable continuity of services to a predefined level as far as reasonably practical during an incident or disruptive event.

8.3 Corporate level plans will address ICB wide impacts to loss of personnel, premise, process, and supplier, and dovetail with service level plans.

8.4 The plans should be accessible to key staff within the directorate or service area named as part of the business recovery team and must be trained on the implementation of arrangements.

8.5 To ensure suitability of arrangements, plans must be tested and exercised annually, to identify areas for improvement, or changes to service delivery, process, premise, or personnel.

8.6 Any services or activity deemed as high risk, i.e., requiring recovery within 1 week as part of the BIA, are required to have a critical process recovery strategy within the BCP outlining mitigations, recovery timescales, task prioritisation, alternate staffing arrangements, alternate location, alternate processes (e.g., manual workarounds), alternate service providers where commissioned, and key stakeholders to inform.

8.7 Plans must be stored both electronically and as hard copies in secure and suitable locations, observing document handling processes as required based on classification.

8.8 A copy should be shared with the EPRR Team, who will place a copy onto Resilience Direct, on Sharepoint, and in the primary incident control room as appropriate.

9. Roles and Responsibilities

9.1 Accountable Emergency Officer

- The AEO has overall responsibility for ensuring the ICB has effective arrangements in place to respond to an incident or disruptive event that has the potential to impact service delivery. Roles and responsibilities of the AEO are set out within the EPRR Policy.

9.2 Service Managers

- Service Managers are responsible for ensuring BCPs are in place for their relevant areas, which are up to date, appropriate to resource and risk, ensure mitigation measures are identified, and that plans are embedded in team culture to support wider organisational resilience

9.3 Plans Owners

- Plan owners are responsible for ensuring plans are reviewed in accordance with the annual schedule, or sooner if required due to restructure or service changes, or following lessons processes
- Ensure staff identified in plans are familiar and trained in their roles
- Work with the EPRR team to ensure BIAs are reviewed and updated annually

9.4 EPRR Team

- Support plan owners in the development, testing and exercising of business continuity plans
- Ensure plans and arrangements are reviewed in line with this policy and BCMS
- Ensure templates are aligned to the standards listed at sections 2.1 and 2.2
- Provide project management oversight of the plans to monitor against review dates
- Ensure plans are available as detailed in section 8
- Ensure the roles and responsibilities as listed for the team under the EPRR Policy are followed in addition to those listed above specific to this policy

9.5 All staff

- To maintain an awareness of plans and arrangements in their service areas to support the wider response in prolonged or major incidents on request from the organisation

10. Training and Exercising

10.1 Each service area is responsible for identifying training needs and liaising with the EPRR Team for support in training and / or exercise delivery against their plans

10.2 Exercising will be carried out annually to validate plans and arrangements, and ensure any lessons or gaps identified are addressed.

11. Monitoring and Review

11.1 This document will be reviewed annually to ensure suitability against requirements and in alignment with the EPRR Policy.

11.2 All service level BCPs will be reviewed annually, however should be checked at more frequent intervals to ensure staff contact information and resource availability is reflective of service or staffing changes.

11.3 Any plan updates must be communicated by the service or plan lead to the EPRR Team and cascaded across respective teams impacted by the plan.

11.4 Outside of the annual review period, the plan will be reviewed should the following arise:

- An incident requiring activation of the plan or associated arrangements
- Significant service change to structure, process, or supplier
- Lessons identified during training and / or exercising

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

Anti-Fraud and Anti-Bribery Policy

Incorporating the Fraud Response Plan and the Sanctions and Redress commitment

Job Title of Policy Author	Local Counter Fraud Specialist
Review/Development Body	Audit Committee
Ratification Body	ICB Board
Date of Ratification/Effective from	TBC
Review Date	September 2025
Document Reference Number ***(supplied by Governance Team)***	F-P-002
Target audience	All ICB employees, non-exec directors, temporary staff and contractors

NHS
Staffordshire and
Stoke-on-Trent
Integrated Care Board

Contents

This policy applies to the Staffordshire and Stoke-on-Trent Integrated Care Board.

Where the term Staff is used this includes non-executive directors, temporary staff, Clinicians and contractors working on behalf of the ICB

CONSULTATION SCHEDULE	
Title of Individual	**Groups consulted**
RSM	Internal Auditors
RSM	Local Counter Fraud Specialists
MIAA	Local Counter Fraud Specialists

IMPACT ASSESSMENTS – available upon request		
	Date Completed	Comments
Equality Impact Assessment (EIA)		N/A
Quality Impact Assessment (QIA)		N/A
Data Protection Impact Assessment (DPIA)		N/A

VERSION CONTROL				
Version	**Job Title of Lead/Policy Author**	**Ratification Date**	**Ratification Body**	**Summary of Amendments**
1.0				Review of policy against changes to NHS Protect services and responsibility
2.0				Revised Policy for the six South Staffordshire CCGs
3.0	Local Counter Fraud Specialist	Feb 2019		Reflects changes in NHS CFA (Formerly NHS Protect) and within the Staffordshire CCGs
4.0	Local Counter Fraud Specialist	Feb 2022		Reflects changes in NHS CFA and within the Staffordshire CCGs
5.0	Head of Governance	July 2022		Adapted for ICB
6.0	Local Counter Fraud Specialist	December 2024		Input/Updates received from RSM
7.0	LCFS	TBC	ICB Board	Change of LCFS provider + new fraud offence legislation updated

1.0 Introduction

1.1 The Staffordshire and Stoke-on-Trent Clinical Integrated Care Board ("the ICB") is committed to the anti-fraud, bribery and corruption procedures as laid down in this policy.

1.2 This document sets out the ICB's policy for dealing with detected or suspected fraud, bribery or corruption, and the avoidance of such activity as directed by the NHS Counter Fraud Authority ("the NHSCFA").

1.3 The policy also includes a response plan, setting out the procedure to be followed when employees, associates, contractors, suppliers or members of the public wish to raise concerns in connection with suspected fraud, bribery or corruption.

1.4 The Board of the ICB wishes to encourage anyone having reasonable suspicions of fraud, bribery or corruption to report those suspicions.

1.5 The ICB will ensure that no employee will suffer in any way as a result of reporting reasonably held suspicions of fraud, bribery or corruption. For these purposes "a reasonably held suspicion" shall mean any suspicion other than those which are raised maliciously.

1.6 All suspicions of fraud, bribery and corruption committed against the ICB will be investigated.

1.7 The ultimate aim of the policy is to protect the patients, staff, property, finances and reputation of the ICB and wider NHS.

2.0 Scope

2.1 This policy applies to all employees and persons associated with the ICB and should be used by interim staff, agency workers, contractors, suppliers, business partners and other stakeholders, including anyone working on the organisations behalf, to report any concerns they may have.

2.2 The ICB will adhere to the NHS Counter Fraud Authority (NHSCFA) NHS Requirements Government Functional Standard 013 Counter Fraud and the NHS Anti-Fraud Manual when investigating cases and seeking to impose sanctions.

2.3 The ICB will make every effort to investigate fully any suspicion of fraud. It is the policy of the ICB to seek to recover all losses arising from any identified fraud-related activities, and to take such sanctions as are appropriate. To ensure the proper use of the public's money and the organisation has a commitment to high level ethical and moral standards.

2.4 All investigations into fraud, bribery or corruption against the ICB will be reported to the Chief Finance Officer and to the NHSCFA.

3.0 Definitions

3.1 *Fraud* - can be defined as "wrongful or criminal deception intended to result in financial or personal gain, or to cause the loss or risk of loss to another."

The Fraud Act 2006 includes a number of offences relating to fraudulent and dishonest actions, the main ones being: -

- Fraud by false representation. For example, submitting a false expenses claim or providing false information on a job application.

- Fraud by failing to disclose information. For example, failing to declare a driving disqualification where use of a vehicle is key to an NHS role, or a relevant criminal conviction.
- Fraud by abuse of position. For example, abusing one's position to override recruitment controls to ensure a family member or friend obtains a job which they may not be the most suitable applicant for.
- Offences under the Fraud Act can carry prison sentences of up to 10 years in addition to heavy fines.

3.2 *Bribery* - can be defined as "The offering, giving, receiving, or soliciting of something of value for the purpose of influencing the action of an official in the discharge of his or her public or legal duties."

3.3 *Corruption* - can be defined as being "where someone is influenced by bribery, payment or benefit in kind to unreasonably use their position to give some advantage to themselves or to another."

3.4 *The Bribery Act 2010* - includes a number of offences in relation to bribery and corruption. The generic term "corruption" is accommodated into this act. The main offences listed in the Bribery Act 2010 involve:

- Offering or paying a bribe.
- Asking for or receiving a bribe.
- Bribing a foreign public official.
- Failing to prevent bribes being paid on behalf of an organisation. Should this offence be committed, it will be a defence against successful prosecution if the organisation had 'adequate procedures' in place to prevent bribery which were circumvented.

The offences apply to all UK 'bodies corporate,' which includes all NHS organisations.

3.5 The fourth offence is a corporate offence applicable where bribes are paid on behalf of an organisation that has not taken appropriate measures to prevent bribery from occurring. While there are few scenarios within the NHS where this might prove likely, the ICB and other NHS organisations are nevertheless required to be mindful of the risks that this offence poses.

3.6 It is imperative that gifts and hospitality, including cash payments, are not received in return for services provided or to obtain or retain business. This includes political contributions and charitable donations. Should a service user or client wish to express gratitude through tokens of goodwill, they should be reported to your line manager or Director immediately and it should be ensured that the ICB's Gifts and Hospitality Policy is followed.

3.7 An organisation can commit an offence under Section 7 of the Bribery Act 2010, which is failing to prevent a bribe, if an employee, subsidiary, or 'associated person' commits bribery within it. The organisation has a defence against this offence if it can demonstrate it has adequate anti-bribery controls and procedures in place. An 'associated person' is anyone who may be deemed to be representing, or be acting on behalf of, the ICB

3.8 *The Economic Crime and Corporate Transparency Act (ECCTA) 2023* covers a range of reforms relating to organisational requirements and enhancements to deliver a suite of wider-ranging reforms to tackle economic crime and improve transparency over corporate entities.

As part of this legislation, the Government has introduced a new *'failure to prevent fraud offence'* to hold organisations to account if they profit from fraud committed by their employees. This offence came into force on 1st September 2025. Information regarding this offence can be found at: https://cfa.nhs.uk/fraud-prevention/failure-to-prevent

The new offence seeks to discourage organisations from turning a blind eye to fraud undertaken by associated persons (e.g. employees, agents and/or subsidiaries), which ultimately benefits the organisation. The legislation will hold organisations to account through prosecution if they profit from the fraudulent actions of associated persons.

The legislation states that an organisation could avoid prosecution if it is able to prove that, at the time that the fraud offence was committed, it had 'reasonable procedures' in place to prevent this type of fraud from occurring. What constitutes 'reasonable procedures' is not defined in the legislation and would be determined by a court, if a prosecution was brought.

The offence applies to all sectors. However, to ensure burdens on organisations are proportionate, only large organisations are currently in scope – defined as organisations meeting two out of three following criteria:

- more than 250 employees.
- more than £36 million turnover; and
- more than £18 million in total assets.

The organisation may be prosecuted with the potential for an unlimited fine. If resources held across a parent organisation and its subsidiaries cumulatively meet the size threshold, that group of institutions will be in scope of the failure to prevent fraud offence.

Regardless, this legislation / offence applies to all NHS organisations.

4.0 Roles & Responsibilities

4.1 *All Employees*

4.1.1 Employees of the ICB are expected to adhere to the policies and procedures of the Integrated Care Board and to the Public Service Values ("the Nolan Principles"). All employees also have a duty to protect the assets of the ICB, including information and goodwill, in addition to property.

4.1.2 Employees are expected to act in accordance with the standards laid down by their Professional Institutes, where applicable.

4.1.3 The ICB's Standing Orders and Standing Financial Instructions place an obligation on all staff, to act in accordance with best practice. In addition, all senior staff, and ICB Board must declare and register any interests that might potentially conflict with those of the ICB or the wider NHS.

4.1.4 When an employee suspects that there has been an incident of fraud, bribery or corruption, they must report the matter to the nominated Local Counter Fraud Specialist, or the Chief Finance Officer. (See Section 9.3 below)

4.1.5 Under no circumstances should staff attempt to either investigate any instance of actual or suspected fraud, bribery or corruption nor subject any individual(s) to surveillance of any kind.

4.1.6 All employees should be aware that failure to gather evidence in an appropriate legal manner may undermine any potential criminal investigation and subsequent prosecution.

4.2 Managers

4.2.1 Managers must be vigilant and ensure that procedures to guard against fraud, bribery and corruption are followed. They should be alert to the possibility that unusual events or transactions could be symptoms of fraud. Where they have any doubt, they must seek advice from their nominated Local Counter Fraud Specialist.

4.2.2 They must establish an anti-fraud and corruption culture within their team and ensure that information on procedures is made available to all staff

4.2.3 Managers should make all members of their staff aware of this policy and its contents.

4.3 Chief Finance Officer

4.3.1 The Chief Finance Officer is responsible for the funds of the ICB.

4.3.2 The Chief Finance Officer will oversee the work of the nominated Local Counter Fraud Specialist (LCFS) for the ICB and will liaise and discuss with the nominated Local Counter Fraud Specialist the antifraud, bribery and corruption arrangements and any investigations undertaken.

4.3.3 The Chief Finance Officer will liaise with the Local Counter Fraud Specialist and / or the NHSCFA with regard to anti-fraud, bribery and corruption arrangements and investigations relating to the ICB.

4.3.4 The Chief Finance Officer will authorise any approval to consider prosecution, following discussion with the nominated Local Counter Fraud Specialist and the NHSCFA. When investigations have been referred to the Police or the investigation is in conjunction with the Police, the Crown Prosecution Service will make the decision concerning any prosecution.

4.3.5 The Chief Finance Officer will, depending on the outcome of investigations (whether on an interim/on-going or a concluding basis) and/or the potential significance of suspicions that have been raised, inform the Chair of the ICB and the Chair of the Audit Committee of cases, when deemed appropriate or necessary.

4.4 Local Counter Fraud Specialist

4.4.1 The nominated Local Counter Fraud Specialist is responsible for delivering all anti-fraud, bribery and corruption related activities at the ICB, in accordance with the Government Functional Standard 013 Counter Fraud as set by the NHSCFA and the NHS Anti-Fraud Manual. The LCFS reports directly to the Chief Finance Officer.

4.4.2 The nominated Local Counter Fraud Specialist will work with key colleagues and stakeholders to promote anti-fraud work and effectively respond to system weaknesses.

4.4.3 The LCFS will investigate allegations of fraud, bribery and corruption.

4.4.4 The role of the LCFS is to ensure that all cases of detected or prevented fraud and bribery are notified to the Chief Finance Officer and reported accordingly. Investigation of the majority of cases of alleged fraud within the ICB will be the responsibility of the LCFS. NHSCFA will only investigate cases which should not be dealt with by the LCFS.

Following receipt of all referrals, NHSCFA will add any known information or intelligence and based on this case acceptance criteria determine if a case should be investigated by NHSCFA. The LCFS will regularly report to the Chief Finance Officer on the progress of the investigation and when/if referral to the police is required.

4.5 Internal and External Audit

4.5.1 Internal and external auditors appointed by the ICB have a duty to pass on any incident or suspicion of fraud, bribery or corruption that they identify as part of an audit, to the nominated Local Counter Fraud Specialist for the ICB.

4.6 Human Resources (HR)

4.6.1 Human Resources will liaise closely with the nominated Local Counter Fraud Specialist, from the outset, where an employee is suspected of being involved in fraud, bribery or corruption.

4.6.2 Close liaison between the nominated Local Counter Fraud Specialist and HR is essential to ensure that any parallel sanctions (i.e. criminal and disciplinary) are applied effectively and in a coordinated manner.

4.6.3 HR will take steps at the recruitment stage to establish, as far as possible, the previous record of potential employees as well as the veracity of required qualifications and memberships of professional bodies in terms of their propriety and integrity. In this regard, temporary and fixed term contract employees are treated in the same manner as permanent employees.

4.7 Information Management and Technology

4.7.1 The Head of Information Security (or equivalent) will contact the LCFS immediately in all cases where there is suspicion that IT is being used for fraudulent purposes. This includes inappropriate internet/intranet, e-mail, telephone, PDA use and any offence under the Computer Misuse Act 1990. Human Resources will be informed if there is a suspicion that an employee is involved. Similarly, the LCFS will contact the Head of Information Security where any ICB/NHS IT equipment or accounts require suspension or access restrictions in order to preserve the integrity of any potential evidence.

4.8 External parties

4.8.1 Those organisations undertaking work on behalf of the ICB are expected to maintain strong anti-fraud principles and have adequate controls in place to prevent fraud when handling public funds and dealing with customers on behalf of the ICB. Contractors and sub-contractors acting on behalf of the ICB are responsible through contractual arrangements put in in place during the tender process and through contracts, for compliance with both the Bribery Act 2010 and the Economic Crime and Corporate Transparency Act 2023 (in respect of the 'failure to prevent fraud' offence in particular).

4.9 External communications

4.9.1 Individuals (be they employees, agency staff, locums, contractors or suppliers) must not communicate with any member of the press, media or another third party about a suspected fraud as this may seriously damage the investigation and any subsequent actions to be taken. Anyone who wishes to raise such issues should discuss the matter with the Chief Finance Officer.

4.10 *Counter Fraud Champion*

4.10.1 The Counter Fraud Champion is responsible for supporting the counter fraud agenda at a strategic level within the ICB. Including challenging the organisation's commitment to counter fraud work and the existing level of counter fraud provision. The Counter Fraud Champion does not take part in investigations but supports the counter fraud effort at board level.

4.10.2 For more information contact: fraudaware@staffsstoke.icb.nhs.uk

5.0 The NHS Counter Fraud Authority

5.1 The NHS Counter Fraud Authority (NHSCFA) is a special health authority charged with identifying, investigating and preventing fraud and other economic crime within the NHS and the wider health group.

5.2 As a special health authority focused entirely on counter fraud work, the NHSCFA is independent from other NHS bodies and directly accountable to the Department of Health and Social Care (DHSC).

5.3 The NHSCFA sets the standards that NHS organisations have to follow when tackling crime across NHS funded services.

5.4 As well as setting organisational standards, the NHSCFA also sets the standards by which investigators must operate when combating crime within the NHS.

5.5 Only NHSCFA accredited Local Counter Fraud Specialists can be nominated by an NHS organisation to undertake their anti-fraud, bribery and corruption activities.

A copy of the NHSCFA strategy 2023-2026 is available at:

https://cfa.nhs.uk/about-nhscfa/corporate-publications/strategy-2023-26/our-strategy

6.0 Local Counter Fraud Specialist

6.1 The ICB will nominate an appropriate and accredited person to act as its Local Counter Fraud Specialist ("LCFS"). The roles and responsibilities of an LCFS are determined by the NHSCFA and set out within the Government Functional Standard 013 Counter Fraud and the NHS Anti-Fraud Manual.

6.2 The LCFS will actively promote an anti-fraud, bribery and corruption culture throughout the ICB.

6.3 The LCFS will investigate all cases of fraud, bribery and corruption committed against the ICB, in line with the NHS Anti-Fraud Manual, Government Functional Standard 013 Counter Fraud NHS Requirements and mindful of the Data Protection Act 2018, General Data Protection Regulations and relevant criminal legislation.

6.4 The LCFS will report to the ICB's Chief Finance Officer, Audit Committee and NHSCFA.

6.5 The LCFS will produce an anti-fraud, bribery and corruption work plan with the ICB's Chief Finance Officer, which will be ratified by the Audit Committee.

6.5 The LCFS will attend Audit Committee meetings of the ICB, to report progress on the annual work plan and raise matters of concern.

6.6 The LCFS will regularly liaise with the Chief Finance Officer of the ICB, to discuss matters including any investigations. The LCFS has direct access to the Audit Committee Chair.

6.7 If it suspected that the LCFS or a member of the management team is implicated, reports should be made to the Chair of the Audit Committee. Alternatively, you can contact NHSCFA directly.

6.8 In circumstances of attempted bribes offered to ICB employees or associated persons, staff must refuse acceptance of the bribe in whatever form and must report this to the LCFS or Chief Finance Officer, immediately. If in doubt, contact either of the above for advice and for guidance on gifts and hospitality; please refer to the Standards of Business Conduct and Conflicts of Interest Policy.

6.9 The LCFS will make enquiries to establish whether there is any foundation to the concern raised. If the allegations are found to be malicious, they will also be considered for further investigation as to their source.

7.0 Anti-Bribery / Failure to Prevent Fraud Procedures

7.1 The guidance accompanying both the Bribery Act and the ECCT Act feature a number of principles that apply when considering the risk of fraud, bribery and corruption. Being able to demonstrate that these principles have been properly addressed provides some legal defence, should it be proven that bribery or a failure to prevent fraud offence has taken place on behalf of the organisation. Although the risk of this occurring in an NHS context is generally considered to be low, the principles form a useful framework for any organisation to demonstrate that is has adequate procedures in place to prevent fraud and bribery.

7.2 The six principles are:

7.2.1 Proportionality

The ICB must have procedures in place to prevent fraud and bribery by persons associated with it. These are proportionate to the fraud/bribery risks faced by the organisation and to the nature, scale and complexity of the organisation's activities. They are also clear, practical, accessible, effectively implemented and enforced.

7.2.2 Top Level Commitment

The ICB's Chief Executive Officer and Directors should demonstrate that they are committed to preventing fraud/bribery by persons associated with the ICB. They will foster a culture within the organisation in which fraud/bribery is never acceptable.

7.2.3 Risk Assessment

There are periodic and documented assessments undertaken of the nature and extent of the ICB's exposure to potential external and internal risk of fraud/bribery on its behalf by persons associated with it is periodically assessed. This includes financial risks but also other risks such as reputational damage.

7.2.4 Due Diligence

The ICB takes a proportionate and risk-based approach, in respect of persons who perform or will perform services for or on their behalf, in order to mitigate identified fraud/bribery risks.

7.2.5 Communication (including training)

The ICB seeks to ensure that its fraud/bribery prevention policies and procedures are embedded and understood throughout the organisation, through internal and external communication, including training that is proportionate to the risks it faces.

7.2.6 Monitoring and Review

The ICB will monitor and review that its procedures designed to prevent fraud/bribery by persons associated with the ICB and make improvements to minimise the risk where necessary.

This also includes monitoring the activities of agents and intermediaries acting on half of the organisation, the ICB may undertake spot checks to ensure procedures are being carried out as per procedure.

8.0 Prevention Arrangements

8.1 Prevention arrangements are a key part of an organisation's defence against fraud, bribery or corruption. Therefore, deterring and preventing dishonesty is a key component in combating internal or external fraud, bribery and corruption.

8.2 Prevention arrangements include revising and strengthening procedures, administrative processes and providing input for review of policies.

8.3 The ICB needs to be aware of system weaknesses that are identified during an investigation. The nominated Local Counter Fraud Specialist and Internal Auditors will advise on the development of procedures to prevent fraud, bribery and corruption when organisational weaknesses have been identified.

9.0 Investigating Procedures and Methods

9.1 All investigations will be undertaken in a professional and objective manner in accordance with the criminal legislation and procedure, the NHSCFA policy and the NHS Anti-Fraud Manual.

9.2 The nominated Local Counter Fraud Specialist for the ICB will be allowed access to all ICB employees, directors, contractors, and providers, as well as to systems, processes, records, data and information, as is necessary, in order to progress any investigation. All information requests will be made in accordance with the relevant sections of the Data Protection Act 2018.

10.0 Sanctions and Redress

10.1 Where an objective investigation has found evidence of fraud, bribery or corruption, the next step is to pursue appropriate sanctions. The range of available sanctions that may be pursued includes:

- Criminal prosecution. The LCFS will work in partnership with NHSCFA, the police and/or the Crown Prosecution Service to bring a case to court. Outcomes can range from a criminal conviction to fines and imprisonment.
- Civil action can be taken against those who commit fraud, bribery and corruption to recover money and/or assets which have been fraudulently obtained, including interest and costs. including action to freeze assets and recover losses.
- Disciplinary action by the ICB where an employee is suspected of being involved in a fraudulent or illegal act; and
- Staff may be reported to their professional body, if applicable, as a result of a successful investigation/prosecution.

10.2 The seeking of financial redress or recovery of losses will always be considered in cases of fraud or bribery that are investigated by the LCFS or NHSCFA where a loss is identified. Redress can take the form of confiscation and compensation orders, a civil order for repayment, or a local agreement between the organisation and the offender to repay monies lost. The decisions for redress will be taken in the light of the circumstances of each case. Decisions on redress will be separate to any parallel decisions regarding the pursuance of possible sanctions.

10.3 Redress allows resources that are lost to fraud and bribery to be returned to the NHS for use as intended, for provision of high-quality patient care and services. Depending on the extent of the loss and the proceedings in the case, it may be suitable for the recovery of losses to be considered under Proceeds of Crime Act 2002 (POCA). This means that a person's money or assets are taken away from them if it is believed that the person benefited from the crime.

10.4 It could also include restraining assets during the investigation. When considering seeking redress recovery may also be sought from on-going salary payments or pensions.

10.5 In some cases (taking into consideration all the facts of a case), it may be that the ICB, under guidance from the LCFS and with the approval of the Chief Finance Officer decides that no further recovery action is taken.

10.6 In order to provide assurance that policies were adhered to, the Chief Finance Officer will maintain a record highlighting when recovery action was required and issued and when action taken. This will be reviewed and updated on a regular basis.

11.0 Conclusion

11.1 All employees of the ICB have a duty to protect the assets of the NHS.

11.2 All employees should at all times comply with the ICB's internal control systems and procedures, and report any reasonable suspicions of fraud, bribery, corruption or serious criminal misconduct.

12.0 Equality Impact Assessment

12.1 An Equality Impact Assessment must be undertaken to ensure that the policies remain fair and equal. The Equality Impact Assessment Form can be obtained from the Equality Diversity Inclusion Business Partner, People Team.

13.0 Training

13.1 The implementation of this policy will not require staff to undergo any specific training. The ICB's Governance Team will provide assistance on an individual basis, when required.

14.0 References

- The Fraud Act 2006, The Bribery Act 2010, The Economic Crime and Corporate Transparency Act 2023, The Nolan Principles
- General Data Protection Regulations 2018

15.0 Monitoring and Evaluation

15.1 The ICB will monitor and review that its procedures designed to prevent bribery by persons associated with the ICB and make improvements to minimise the risk where necessary.

16.0 Review

16.1 The policy will be reviewed every three years, or earlier if substantial changes occur to the ICB, legislation, accepted accounting practice or NHS Counter Fraud Authority.

17.0 Appendices

Appendix A: Fraud Response Plan
Appendix B: Sanctions and Redress commitment

Appendix A; Fraud Response Plan

This section outlines the action to be taken where fraud, bribery or other illegal acts involving dishonesty, inappropriate Internet use, or damage to property are discovered or suspected. For completeness, it also deals with the action to be taken where theft is discovered or suspected.

Investigating Fraud, Bribery and Corruption

A key aspect of an effective anti-fraud, bribery and corruption strategy is the ability to undertake a professional and objective investigation into allegations of fraud, bribery or corruption. Early detection both helps an investigation and will minimise the potential for further loss to the organisation.

The ICB will undertake risk assessments in line with Ministry of Justice guidance to assess how fraud and bribery may affect the organisation. This will be undertaken at least every three years; however, this is not definitive, and circumstances may call for a risk assessment to be undertaken outside of this pattern, for example due to changes in legislation or a reported incident of bribery within the ICB. The risk assessment will be led by a nominated officer such as the LCFS, who will report directly to the Chief Finance Officer, but must involve representatives of the organisation who will be the 'risk owners'. This will ensure the proportionate procedures have been put in place to mitigate identified risks. Appropriate risks must be added to relevant risk registers, in line with the organisations risk management process.

Proportionate procedures in place to mitigate the identified risk include the following:

- All staff must disclose their business interests, prior to commencement of employment with the ICB.
- All staff must disclose any new business interests immediately to the ICB.
- All staff must declare hospitality (other than modest hospitality) received by or offered to them as ICB employees.
- All hospitality (other than extremely minor hospitality) provided by the ICB staff to third parties must be declared; and
- Staff must not solicit personal gifts and must declare all gifts received (more than £50 in value).

Guidance regarding the above requirements can be found in the Conflicts of Interest Policy. Staff must also comply with the ICB's General Code of Conduct.

All staff must be aware of and comply with the Standing Financial Instructions, Scheme of Delegation (SFIs), Standards of Business Conduct, Code of Conduct, Secondary Employment Policy, Declaration of Interest and their related requirement to declare relevant information.

Action to take if you suspect fraud, bribery or corruption

Anyone who encounters behaviour, or finds documents that they suspect may constitute fraud, bribery or corruption, should take the following action: -

You should report your suspicions to the nominated Local Counter Fraud Specialist Team for the ICB: -

Paul Bell, Lead Anti-Fraud Specialist / Head of Anti-Crime Services (MIAA)
Telephone: 07552 253068
Email: paul.bell@miaa.nhs.uk

Claire Taylor, Anti-Fraud Specialist (MIAA)
Telephone: 07552 297469
Email: claire.taylor@miaa.nhs.uk

Alternatively, complete the online referral form which is located on the ICB's website under the Anti-Fraud Section. NHS Counter Fraud Authority online fraud and corruption reporting tool

You can also report your concerns to the ICB's:
Chief Finance Officer: Claire Finn
Email: claire.finn@staffsstoke.icb.nhs.uk

Counter Fraud Champion: Tracey Revill
Email: tracey.revill@staffsstoke.icb.nhs.uk
Or fraudaware@staffsstoke.icb.nhs.uk

You can also report your suspicions directly to the NHSCFA via the Fraud and Corruption Reporting Line on 0800 028 4060,

Alternatively, you can report your suspicions directly to the NHSCFA on-line via their website, at https://cfa.nhs.uk/reportfraud

All referrals received will be treated in confidence. The Public Interest Disclosure Act 1998 came into force in July 1999 and provides statutory protection, within defined parameters, to staff that make disclosures about a range of concerns, including fraud, bribery or corruption, which they believe to be happening within the organisation employing them.

On no account should anyone seek to investigate suspicions of fraud, bribery or corruption, as this may cause difficulties later.

You should retain any potential evidence and make notes of any issues and concerns immediately. You should take no further action once suspicions have been raised in accordance with the policy. During the course of an investigation all relevant legislation will be taken into account.

The ICB will refer to the Home Office's bribery and corruption assessment template[1] to assess their response to bribery and corruption.

Freedom to Speak Up

The ICB wants all employees to feel confident that they can expose any wrongdoing without any risk to themselves. The ICB's Freedom to Speak Up policy ensures there is full provision for staff to raise any concerns with others if they do not feel able to raise them with their line manager/management chain.

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[1] Home Office Bribery and corruption assessment template https://www.gov.uk/government/publications/bribery-and- corruption-assessment-template

[2]; NHS England's Freedom to speak up: raising concern's (whistleblowing) policy for the NHS, April 2016 NHS England » Speaking up to NHS England

[3] NHS England;' s Guidance Freedom to speak up in primary care: Guidance to primary care providers on supporting whistleblowing in the NHS, November 2017
https://www.england.nhs.uk/wpcontent/uploads/2016/11/whistleblowing-

To support the reporting of fraud using the NHSCFA fraud reporting process (as outlined above) all employees should be aware of NHS Improvement and NHS England's: Freedom to speak up: raising concern's (whistleblowing) policy for the NHS, March 2022[2] and NHS England's Freedom to speak up in Primary Care: Guidance to primary care providers on supporting whistleblowing in the NHS, November 2017[4]. These all form the minimum standards for raising of concerns in the NHS for the benefit of all patients in England.

Disciplinary action

The disciplinary procedures will be initiated where an employee is suspected of being involved in a fraudulent or illegal act, or where their negligent action has led to a fraud being perpetrated.

A copy of the disciplinary policy can be accessed via the IAN intranet site under 'Policies and Procedures.'

It should be noted, however, that the duty to follow disciplinary procedures will not override the need for legal action to be taken (e.g. consideration of criminal action). In the event of doubt, legal statute shall prevail.

Appendix B; Sanctions and Redress commitment

Commitment

The Board of the Staffordshire and Stoke-on-Trent ICB are committed to taking any available and appropriate action to prevent and deter crime against the ICB and the wider NHS. To this end, the ICB will support the investigation of any alleged fraud, bribery or corruption committed within or against the ICB.

The actions that the ICB will pursue should any of these allegations be proven might entail any combination of criminal, civil and disciplinary sanctions. The ICB will also support its management in seeking financial redress through any legal means to recover any losses to fraud, bribery and corruption. All legal and appropriate channels will be considered to recover lost monies, both to protect the finances of the NHS and to send a deterrent message.

In promoting their zero-tolerance approach to fraud, bribery and corruption and to ensure that valuable resources are safeguarded and used to provide the highest quality health services, the ICB is committed to:

17.1.1 The early consideration of all appropriate and proportionate sanctions available during investigations into suspected fraud, bribery or corruption

17.1.2 Taking any appropriate action to seek financial redress and, where possible.

17.1.3 Taking all necessary steps to recover losses to fraud, bribery or corruption.

Anybody considering fraud or associated offences against the NHS needs to be aware that criminal proceedings are just one of a range of potential issues they will face when identified. The ICB will also use to the fullest extent allowable and where appropriate, civil law proceedings and remedies to freeze, identify and recover assets. Disciplinary and regulatory action with professional bodies will also be commenced at the earliest opportunity with a view to removing fraudsters from employment within the NHS.

The ICB recognises that criminal and disciplinary investigations have different purposes, different standards of proof in determining guilt, are governed by different rules, and have different outcomes. It is not, therefore, appropriate for one process to cover both types of investigation; rather, they will be conducted separately and by different people. The LCFS does not conduct disciplinary investigations.

Disciplinary Sanctions

The ICB will decide on the appropriate disciplinary action, in accordance with the applicable legislation and policies, in instances when fraud, bribery or corruption has taken place involving an employee.

There will be instances when it is appropriate to pursue more than one course of action at the same time e.g. a criminal investigation and a disciplinary investigation. In such instances close liaison must exist between those investigating criminal and disciplinary matters.

Criminal action should take precedence over disciplinary action. However, care must be exercised as criminal investigations and prosecutions can take much longer to complete and the ICB should avoid being in a position where they are paying for a member of staff to be suspended whilst awaiting a criminal trial.

Close liaison must exist between those investigating criminal and disciplinary matters. In situations where an investigation impacts on another the matter will be referred to the ICB's Chief Finance Officer to consider the advice from each investigator and to agree which investigation takes priority.

Obtaining financial redress

The ICB is committed to take all necessary steps to recover any monies which have been lost as a result of fraud, bribery or corruption. Such steps will include consideration being given to obtaining voluntary repayment, negotiated settlements, obtaining compensation upon conviction (if applicable), or commencing civil proceedings under Part 5 of the Proceeds of Crime Act 2002.

The Chief Finance Officer will consider the recovery options available and authorise the appropriate recovery action, dependent on the circumstances.

If, during an investigation, there is evidence to show that monies or other assets have been fraudulently misappropriated, it may be appropriate that applications need to be made to the civil courts for injunctive relief (e.g. freezing orders, restraint orders, or search orders) to preserve the proceeds of the fraud.

Decisions regarding the most appropriate and proportionate method of recovering monies lost to fraud, bribery or corruption will be made following consultation between the Chief Finance Officer, the LCFS, the NHSCFA, the police, and the ICB's legal advisers (where appropriate).

It is the responsibility of the Chief Finance Officer to ensure a record of all recoveries including any awards of compensation and costs, is maintained.

For employees, recovery can be obtained via the payroll until the debt is repaid. The employee will be formally contacted confirming the amount of debt and a reasonable proposal will be made for recovery. An agreement will be sought with the employee to ensure that recovery is made in the shortest possible time.

Where an employee is in the process of leaving or being dismissed, they will be formally advised that the necessary recovery will be actioned via their final salary payment. Where the available funds are insufficient, the employee will be advised of the outstanding amount and inviting a proposal to pay.

Should the employee not respond, or their proposal is deemed to be unacceptable, a formal demand for repayment will be made. This letter will be sent by "Recorded Delivery." Should this demand be ignored, the employee will be sent a third and final letter, again by "Recorded Delivery," advising them that the ICB will consider legal action through the Civil Court process in order to secure the recovery. The matter may also be referred to the LCFS for consideration, as this may also be offence under the Theft Act 1968.

In circumstances of an employee leaving or being dismissed (either on criminal conviction or as a consequence of any disciplinary process), and where they are a member of the NHS Pension Scheme and the monies owing to the ICB are greater than any recoverable amount from a final payroll payment, an application may be made to recover the outstanding amount from their pension scheme account under Part T5 of the National Health Service Pension Scheme Regulations 1995 or Chapter 2J.6 of the National Health Service Pension Scheme Regulations 2008. The employee will be notified of any such application.

For external bodies or NHS contractors, recovery procedures will be commenced initially via formal contact. They will be advised of the debt and inviting them to submit a proposal to repay. Should they not respond, or their proposal is deemed to be unacceptable, they will be contacted with a formal demand for the money. This letter will be sent by "Recorded Delivery." Should this demand be ignored, the external body or contractor will be sent a third and final letter again by "Recorded Delivery" advising them that the ICB will consider legal action through the Civil Court process in order to secure the required recovery.

In any instances concerning the need for civil recovery proceedings to be commenced, the Chief Finance Officer will seek legal advice. Costs associated with the recovery will be included in the claim submitted to the Court. For employees, ex-employees, external bodies or NHS contractors, if following a conviction, the court awards compensation and / or costs, the action will be awarded from and collected by the court.

The LCFS will notify the Finance team of the award and the expected payment terms. Where the payment from the court does not materialise after a period not exceeding three months, the LCFS should be notified by the Finance Department. The LCFS will be responsible for following the matter up with the relevant court.

If, during the course of an investigation, it is identified that the ICB has suffered a significant financial loss, the LCFS will promptly notify Chief Finance Officer.

Police involvement:

In accordance with the NHSCFA's Fraud Manual, the Chief Finance Officer, in conjunction with the LCFS, will decide whether or not a case should be referred to the police. Members of staff should not contact the police directly and any referral to the police will not prohibit action being taken under the local disciplinary procedures of the ICB.

Training/Support:

The policy will be brought to the attention of all new employees through Corporate Induction, and form part of the induction process for new staff. Any locally identified additional training can be arranged with the Local Counter Fraud Specialist.

All employees are encouraged to attend an annual Fraud and Bribery awareness session delivered by the LCFS throughout the financial year. The LCFS offers a range of awareness sessions annually especially during International Fraud Awareness week which is in November each year.

As well as quarterly cyber awareness training sessions. It is recommended that all employees attended at least one session annually.

Additionally, it is recommended that all employees complete the counter fraud e-learning package on an annual basis.

Associated Policies:

HR-P-007 Disciplinary Policy
HR-P-013 Freedom to Speak Up Policy ICB&GP
CG-P-009 Conflicts of Interest and Gifts and Hospitality Policy

Failure to Comply:

Failure of staff or anyone working on behalf of the ICB to comply with the standards and procedures set out within this policy, may lead to dismissal or disciplinary procedures being taken against the individual. Redress can be sought against individuals who commit fraud, bribery and corruption against the organisation.

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

Capital Accounting Policy

Policy Number	
Version:	2
Ratified by:	Audit Committee
Date ratified:	6th October 2025
Name of originator/author:	David Skelton, Financial Controller
Name of responsible committee/individual:	Claire Finn, Interim Chief Finance Officer
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Review date:	6th October 2027
Date of first issue	4th September 2023
Target audience:	All Staff

CONSULTATION SCHEDULE		
Name and Title of Individual	**Groups consulted**	**Date Consulted**

RATIFICATION SCHEDULE	
Name of Committee approving Policy	**Date**
Audit Committee	6th October 2025

VERSION CONTROL			
Version	**Version/Description of amendments**	**Date**	**Author/amended by**
1	First Version	4th September 2023	David Skelton
2	Second Version – No Changes	6th October 2025	David Skelton

IMPACT ASSESSMENTS – available upon request			
	Stage	Complete	Comments

Contents

This policy applies to the NHS Staffordshire & Stoke-on-Trent Integrated Care Board.

Where the term Officers are used this includes Non-executive Directors, Clinicians and contractors working on behalf of the ICB

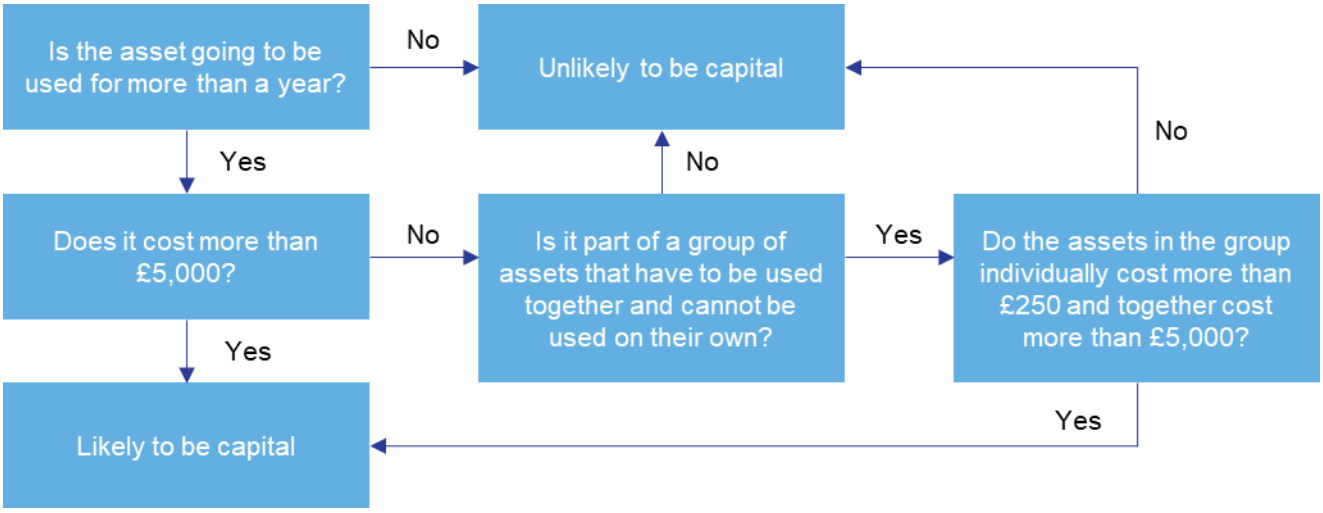
1.0 Purpose of the Policy

This policy is aiming to support NHS Staffordshire and Stoke-on-Trent ICB nominated officers to discharge their duties in respect of Capital Investments within the prescribed accounting standards and statutory requirements of the Health and Social Care Act 2022.

2.0 Introduction to Capital

In the NHS, expenditure is classified as either revenue (spending on day-to-day operations) or capital (spending on assets that will be used for more than a year). Capital spending is incurred when an asset intended for use on a long-term basis is acquired – this is also described as capital investment.

The Flow Chart below details the questions to be considered to support whether expenditure should be classified as capital. There is a de-minimis level of £5,000 for single items of expenditure below which it would be classified as revenue not capital. Where there are multiple linked assets then the grouped assets concept ensures that it is the overall value of an asset that is recognised, rather than treating dependent component parts as separate items.



2.1 Definition of a capital asset

The assets are referred to as non-current assets or property, plant and equipment and intangible assets. They are defined as:

- being held for delivering services or for administrative purposes
- having a useful life greater than one year
- having a cost that can be measured reliably
- generating future economic benefits or service potential for the organisation

2.2 Types of asset

Tangible assets	Intangible assets
Land	Software licenses
Buildings	Development costs for software and systems
Dwellings	Licenses and trademarks
Assets in the course of construction	Patents
Plant and machinery	
Transport equipment	
Information technology equipment	
Fixtures and fittings	

3.0 The capital regime – allocations and limits

The amount that can be spent on capital across the Department of Health and Social Care (DHSC) group is set by the government. The amount that can be spent in any one year is called the capital departmental expenditure limit (CDEL)

Overall responsibility for ensuring that the allocation is not overspent rests with the DHSC. The limit is set for each year and any unspent allocation is lost at the end of the year. It is therefore important that the limit is reached but not overspent.

3.1 System capital allocations

Allocations at a system level, and the needs for a revised capital allocation process, were described in the health infrastructure plan (HIP). The HIP identified three key requirements to make NHS infrastructure fit for the future:

- a new five-year rolling programme of investment in NHS infrastructure that takes a strategic approach to improving hospitals, primary and community care estates, and health infrastructure
- a reformed system underpinning capital to ensure it reaches the frontline when and where it is needed
- backing the wider health and care sectors with funding to strengthen health infrastructure in related sectors that support the NHS.

3.2 Capital resource limit

System allocations are provided to integrated care boards (ICBs), with each organisation receiving a capital resource limit (CRL) for the financial year.

Integrated care systems (ICSs) determine which capital projects at which NHS bodies get priority. This will be managed through the Staffordshire System Capital Group, and each

ICB and its partners trusts are subject to a capital resource limit (CRL) on their combined capital resource.

Each ICB and its partner trusts are required to agree an annual system capital plan, in advance of the start of the financial year.

For ICBs, remaining within this limit is a statutory duty, they should not exceed it and it is monitored throughout the year.

Performance against the CRL must be reported in the ICB annual report and accounts. The ICB should not spend more than the CRL after adjusting for asset disposals. Underspends against the CRL cannot be carried forward to the following financial year unless they are agreed in advance and built into submitted plans.

For an ICB, its own CRL represents the amount of financing given to it for capital expenditure by NHS England.

4.0 Sources of capital

If the ICB does enter a capital programme, the only sources of funding available to it are internally generated funds, leases or a capital allocation provided by NHS England

4.1 Internally generated resources

The main source of capital funding is from internally generated resources – the cash balances built up through retained surpluses, depreciation, and proceeds from the sale of non-current assets.

All NHS bodies must make a charge to expenditure to reflect the cost of using an asset over its useful life, and this is known as depreciation (or amortisation for intangible assets). This charge does not involve actual cash being paid out (it is 'non-cash') and so an organisation that breaks even or achieves a surplus on its revenue account will generate a cash surplus equivalent to the value of the depreciation charge (all other things being equal).

That cash balance and/ or any surplus is available to invest in capital projects, such as replacing equipment, enhancing existing assets or building new ones, subject to the organisation meeting the capital controls set out. It can also be used for revenue purposes – for example, maintenance or sustaining the working capital position.

4.2 Leases

A lease is often considered a suitable alternative to the outright purchase of a non-current asset.

A lease is defined as a 'contract, or part of a contract, which conveys the right to use an asset for a period of time in exchange for consideration'.

From 1 April 2022, the accounting treatment for leases changed. The change has an impact on what is charged against CDEL as well as the profile of revenue expenditure over the life of the lease.

Under IFRS 16, lessees will account for all leases as a right-of-use asset, and with a liability to pay for that right. At the commencement of a lease, the lessee's initial measurement of the right-of-use asset is at cost, which in general, will be the same as the initial measurement of the discounted lease liability. This will ensure that the accounts will include

the assets being used by an organisation to provide services, together with the associated liabilities, and the impacts on cashflows.

All new leases, as well as some changes to lease terms, will count as a capital investment and will impact on CDEL.

Lessors will continue to distinguish between operating and finance leases. This means that where two NHS bodies enter into a lease arrangement, they might both reflect the asset in their accounts. The lessee as a right to use the asset and the lessor as the owner of that asset.

5.0 The cost of capital

In terms of the cost of capital, there are two key elements to consider – Public Dividend Capital (PDC) and depreciation.

5.1 PDC dividend

The PDC dividend is derived by applying a percentage rate of return to an ICB's average relevant net assets, calculated as follows:

The percentage used is currently 3.5%; the dividend is payable to the DHSC in two instalments during the year.

5.2 Depreciation and amortisation

Depreciation is calculated annually to reflect the cost of 'using up' the asset during its useful life – several assumptions are used:

- land is considered to have an infinite life and is not depreciated
- buildings, installations and fittings are depreciated over their assessed useful lives, with both the value and life expectancy determined periodically by a qualified valuer
- assets in the course of construction are not depreciated until they are brought into use
- equipment is depreciated over its useful economic life
- leased assets are depreciated over the shorter of the lease term remaining or the asset's remaining economic life.

NHS Staffordshire and Stoke-on-Trent ICB calculates depreciation on a 'straight line basis' which means it is assumed that the asset will be used up evenly over its life. As depreciation is calculated on asset values that are subject to revaluation, the depreciation charge and total value of the assets held will vary each year.

Amortisation is the equivalent for intangible assets and NHS Staffordshire and Stoke-on-Trent ICB again calculates this on a straight-line basis.

6.0 Accounting Treatment

Accounting for capital can be complicated and is often an area of the accounts subject to additional audit scrutiny. This is because, by its very nature, the amounts involved are usually material but also because there can be a significant level of judgement and estimation in the valuation of the assets.

6.1 Accounting standards

HM Treasury have developed a *Financial reporting manual* that sets out how accounting standards should be implemented in the public sector. The DHSC's *Group accounting manual* also includes guidance on accounting for non-current assets. The following accounting standards are of particular relevance when accounting for capital:

- IAS 16 Property, plant and equipment
- IAS 20 Accounting for government grants and disclosure of government assistance
- IAS 36 Impairment of assets
- IAS 38 Intangible assets
- IAS 40 Investment property
- IFRS 5 Non-current assets held for sale and discontinued operation
- IFRIC 12 Service concession arrangements
- IFRS 16 Leases.

6.2 Valuation

In the NHS, non-current assets are not recorded in the accounts at the amount that they cost to buy. Instead, they are held at 'fair value'. Fair value is essentially the amount that the asset could be bought for on the open market.

On acquisition, non-current assets are recorded at their cost, and for equipment assets, this will, by its nature, be a reasonable estimate of their initial fair value. Equipment is usually valued at depreciated historic cost where they have short useful economic lives or low value.

Property assets will require annual review to ensure the valuation included is a reasonable estimate of fair value. The nature and timing of a revaluation is dependent on several factors which are discussed below.

For NHS organisations, Specialised property for which a market value cannot be determined easily, are valued at the cost of replacing it with an equivalent, modern one (known as the 'modern equivalent asset basis').

Assets that are not specialised, such as offices and some clinics, are valued based on what they could be sold for.

The timing of the valuation is a matter of judgment. Under IAS 16, organisations must consider whether the recorded value of their assets continues to reflect fair value taking into account market volatility - for example, if the local property market is particularly volatile or the organisation embarks upon a significant capital expenditure project, annual revaluations may be needed to keep the recorded value up to date.

Each year, an assessment must be made of whether the valuations are materially correct or not. This will involve consideration of the volatility of the property market and usually requires discussion with a professional valuer. In years where a professional valuation has not been undertaken, the value given to land and buildings will need to be reviewed and any changes appropriately evidenced to support the preparation of the accounts. Valuation may also be required when:

- there is a major change in use
- an asset formerly under construction is brought into use.

Most intangible assets (i.e., assets that have a financial value even though they are not visible) are recorded at cost less 'amortisation' as a proxy for fair value. However, where a market value is readily available then this should be used.

6.3 Gains

Gains (or increases) in asset value may occur following a revaluation by an external reviewer or, for equipment assets, by a review undertaken by the finance and/or estates departments to provide a new fair value.

The gain is not treated in the same way as revenue or income. Instead, it is taken to a specific revaluation reserve held within the financing section of the organisation's statement of financial position.

6.4 Impairments

Impairments occur where there is a loss (or reduction) in the value of a non-current asset compared to its recorded value. This can be due to:

- a loss of economic benefit to an asset itself - for example, it is physically damaged
- a change in the asset or its environment that has permanently reduced its capacity to provide services.

IAS 36 is the most relevant accounting standard, however, HM Treasury guidance diverges from IAS 36 and requires organisations to identify the cause of impairment as the result of either:

- the consumption of economic benefits or service potential or
- a loss following revaluation.

In the first scenario, the resulting loss is charged to operating expenses in the year that the impairment occurs.

However, where there has been a previous upward revaluation for the asset and a revaluation reserve balance exists, a transfer is made from the revaluation reserve to the general fund/ retained earnings.

In the second scenario, a revaluation loss, the reduction should initially be charged to the revaluation reserve to the extent that a balance exists for the asset. Any remaining amount is charged to operating expenses.

If impaired assets then have an upward valuation, the charge made to expenditure can be reversed to the extent that the upward revaluation reverses the original impairment. It is therefore important to record all impairment charges by individual asset to enable entries to be reversed if needed.

6.5 Asset sale or disposal

When assets are sold or scrapped, the difference between the value at which they are held, and the amount of income received is the profit or loss on disposal. In the case of assets that are scrapped the income will be nil so there is likely to be a loss on disposal.

Profits on sale are reflected in other operating income. Losses are an operating expense in the year of disposal.

6.6 Leases

When a lease is entered into, the right of use asset is recorded in the asset register with a corresponding matching lease liability. The asset is treated as if it had been bought outright as soon as it becomes operational. It forms part of average relevant net assets for PDC dividend calculations, is subject to depreciation and is revalued in the same way as any owned asset. The lease liability is written down as the capital element is repaid. The interest payments on the lease are treated as an expense each year.

The profile of the expenditure on leases that would have been operating leases under the old accounting arrangements has changed. Under the old arrangements, operating lease rentals were charged to revenue as they were incurred, usually on a straight-line basis. Now, interest payments are higher at the start of the lease and lower at the end whereas depreciation charges are on a straight line over the length of the lease.

7.0 Fixed Asset register

The ICB maintains a register of its non-current assets (tangible and intangible) so that they can be managed effectively and to demonstrate accountability. The register used is the national Financial Management Information Systems (FMIS) which is mandatory for all ICBs. The register records a range of information about each asset and is used to help in the preparation of the ICB's financial accounts and helps enable replacement programmes.

7.1 Asset registers – what they record for each asset

- identification, description and location of the asset – assets are tagged with a unique identifier
- date, method of acquisition and initial capital outlay
- how the asset has been financed - for example, is it owned, leased, donated or covered by a PFI agreement.
- opening value on the 1 April of each financial year
- any additions to the asset and the year that they were made
- the value if reclassified for sale
- gains from revaluation (so that there is a clear link to the revaluation reserve)
- impairments (i.e., a loss in value) including any reversals
- cumulative depreciation charges and estimated life
- closing value on 31 March of each financial year

8.0 Review

This policy will be reviewed every two years from the point of implementation.

NHS
Staffordshire and
Stoke-on-Trent
Integrated Care Board

NHS Staffordshire and Stoke on Trent
Integrated Care Board

Prime Financial Policies

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Version:	1.3
Ratified by:	Audit Committee
Date ratified:	6th October 2025
Name of originator/author:	David Skelton, Financial Controller
Name of responsible committee/individual:	Claire Finn, Interim Chief Finance Officer
Date issued:	6th October 2025
Review date:	6th October 2027
Date of first issue	1st July 2022
Target audience:	All staff, including temporary staff and contractors, working for or on behalf of the Staffordshire and Stoke-On-Trent ICB

CONSULTATION SCHEDULE		
Name and Title of Individual	**Groups consulted**	**Date Consulted**

RATIFICATION SCHEDULE	
Name of Committee approving Policy	**Date**
ICB Board	1/7/2022
Audit Committee	9/5/2023
Audit Committee	6/10/2025

VERSION CONTROL			
Version	**Version/Description of amendments**	**Date**	**Author/amended by**
1	First version of the Policy	01/07/2022	David Skelton
1.2	Policy updated to remove reference to CSU activities undertaken as these are now delivered internally following the successful in housing of the service.	09/05/2023	Carl Lewis
1.3	Para 1.1.5 Included *'Local Intranet'*. Para 1.17.3 replaced *'Scheme of Reservation and Delegation*' with '*Scheme of Financial Delegation'* .References to Acts of Parliament have been reviewed and updated where the original legislation has been superseded.	06/10/2025	David Skelton

IMPACT ASSESSMENTS – available upon request			
	Stage	Complete	Comments

Contents

Prime Financial Policies

1.1 Introduction

General

1.1.1 These prime financial policies and supporting detailed financial policies shall have effect as if incorporated into the ICB's constitution.

1.1.2 The prime financial policies are part of the ICB's control environment for managing the organisation's financial affairs. They contribute to good corporate governance, internal control and managing risks. They enable sound administration, lessen the risk of irregularities and support commissioning and delivery of effective, efficient and economical services. They also help the Chief Executive Officer and Chief Finance Officer to effectively perform their responsibilities. They should be used in conjunction with the scheme of reservation and delegation.

1.1.3 In support of these prime financial policies, the ICB has prepared more detailed policies, approved by the Board known as detailed financial policies. The ICB refers to these prime and detailed financial policies together as the Integrated Care Board's financial policies.

1.1.4 These prime financial policies identify the financial responsibilities which apply to everyone working for the ICB or operating on behalf of it. They do not provide detailed procedural advice and should be read in conjunction with the detailed financial policies. The Chief Finance Officer is responsible for recommending for approval all detailed financial policies to the Audit Committee.

1.1.5 A list of the ICB's detailed financial policies will be published and maintained on the ICB's Local Intranet as well as external website. Alternatively, a paper copy can be requested by contacting the Chief Finance Officer at the ICB's headquarter address.

1.1.6 Should any difficulties arise regarding the interpretation or application of any of the prime financial policies then the advice of the Chief Finance Officer must be sought before acting. The user of these prime financial policies should also be familiar with and comply with the provisions of the ICB's constitution, standing orders and scheme of reservation and delegation.

1.1.7 Failure to comply with prime financial policies and standing orders can in certain circumstances be regarded as a disciplinary matter that could result in dismissal.

Overriding Prime Financial Policies

1.1.8 If, for any reason these prime financial policies are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance shall be reported to the next formal meeting of the Board's Audit Committee for referring action or ratification. All of the ICB's members and employees have a duty to disclose any non-compliance with these prime financial policies to the Chief Finance Officer as soon as possible.

Responsibilities and Delegation

1.1.9 The roles and responsibilities of ICB's members, employees, members of the Board, members of the Board's committees and sub-committees, members of the ICB's committee and sub-committee (if any) and persons working on behalf of the ICB are set out in the ICB's constitution.

1.1.10 The financial decisions delegated by members of the ICB are set out in the ICB's Constitution.

Contractors and their Employees

1.1.11 Any contractor or employee of a contractor who is empowered by the ICB to commit the ICB to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the Chief Executive Officer to ensure that such persons are made aware of this.

Amendment of Prime Financial Policies

1.1.12 To ensure that these prime financial policies remain up-to-date and relevant, the Chief Finance Officer will review them at least annually.

1.1.13 Following consultation with the Chief Executive Officer and scrutiny by the ICB's Audit Committee, the Chief Executive Officer will recommend amendments, as fitting, to the Audit Committee who will endorse any amendments for Board's approval.

1.1.14 As these prime financial policies are an integral part of the ICB's constitution, any amendment will not come into force until the ICB applies to NHS England and that application is granted.

1.2 Internal Control

POLICY – The ICB will put in place a suitable control environment and effective internal controls that provide reasonable assurance of effective and efficient operations, financial stewardship, probity and compliance with laws and policies.

1.2.1 The Board is required to establish an Audit Committee with terms of reference agreed by the Board (see the ICB's constitution for further information).

1.2.2 The Chief Executive Officer has overall responsibility for the ICB's systems of internal control.

1.2.3 The Chief Finance Officer will ensure that:

a) Financial policies are considered for review and update annually;
b) A system is in place for proper checking and reporting of all breaches of financial policies; and

c) A proper procedure is in place for regular checking of the adequacy and effectiveness of the control environment.

1.3 Audit

POLICY – The ICB will keep an effective and independent internal audit function and fully comply with the requirements of external audit and other statutory reviews.

1.3.1 The Chief Finance Officer and the ICB's internal auditor will have direct and unrestricted access to Audit Committee members and the Chair of the Board and the Chief Executive Officer for any significant issues arising from audit work that management cannot resolve, and for all cases of fraud or serious irregularity.

1.3.2 The Chief Finance Officer and the ICB's external auditor will have access to the Audit Committee and the Chief Executive Officer to review audit issues as appropriate. All Audit Committee members, the Chair of the Board and the Chief Executive Officer will have direct and unrestricted access to the head of internal audit and external auditors.

1.3.3 The Chief Finance Officer will ensure that:

a) The ICB has a professional and technically competent internal audit function; and

b) The Board's Audit Committee approves any changes to the provision or delivery of assurance services to the ICB.

1.3.4 Role of Internal Audit

Internal Audit shall independently review, appraise and report upon:

a) The extent of compliance with, and the financial effect of, relevant established policies, plans and procedures;

b) The adequacy and application of financial and other related management controls, and risk of management and risk based planning;

c) The suitability of financial and other related management data;

d) The extent to which ICB's assets and interests are accounted for and safeguarded from loss of any kind, arising from

I. fraud and other offences,

II. waste, extravagance, inefficient administration

III. poor value for money or other causes.

e) Internal Audit shall also independently verify the Assurance Framework statements in accordance with guidance from the DH.

1.3.5 External Audit

The external auditor is appointed and paid for by the ICB. The Audit Committee must ensure a cost-efficient service. If there are any problems relating to the service provided by the external auditor, then these should be raised with the external auditor and referred on to the National Audit Office if the issue cannot be resolved.

1.4 Fraud and Corruption

POLICY – The ICB requires all staff to always act honestly and with integrity to safeguard the public resources they are responsible for. The ICB will not tolerate any fraud perpetrated against it and will actively chase any loss suffered.

1.4.1 The Board's Audit Committee will satisfy itself that the ICB has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work. It shall also approve the counter fraud work programme.

1.4.2 The Board's Audit Committee will ensure that the ICB has arrangements in place to work effectively with NHS Counter Fraud Authority.

1.4.3 The Board shall nominate a suitable person to carry out the duties of the Local Counter Fraud Specialist as specified by the Government Functional Standard 013: Counter Fraud.

1.4.4 The Board shall ensure that its members and, as far as reasonably practicable, the ICB as a whole conduct all business with due consideration of general duties and obligations arising from the Bribery Act 2010.

1.4.5 The Local Counter Fraud Specialist will provide a written report, at least annually, on counter fraud work within the ICB.

1.4.6 The Local Counter Fraud Specialist will report to the Chief Finance Officer.

1.4.7 Security Management

- In line with his responsibilities, the Chief Executive Officer will monitor and ensure compliance with Directions issued by the ICBs Regulator on NHS Security Management.
- The Board shall nominate a suitable person to carry out the duties of the Local Security Management Specialist (LSMS) as specified by the Secretary of State.
- The Board shall nominate a Non-Executive Member to oversee the Local Security Management service, who will report to the Board.

1.5 Expenditure Control

1.5.1 The ICB is required by statutory provisions to ensure that its expenditure does not exceed the aggregate of allocations from NHS England and any other sums it has received and is legally allowed to spend.

1.5.2 The Chief Executive Officer has overall executive responsibility for ensuring that the ICB complies with its statutory obligations, including its financial and accounting obligations, and that it exercises its functions effectively, efficiently and economically and in a way which provides good value for money.

1.5.3 The Chief Finance Officer will:

a) Provide reports in the form required by NHS England;

b) Ensure money drawn from NHS England is required for approved expenditure only and is drawn down only at the time of need and follows best practice;

c) Be responsible for ensuring that an adequate system of monitoring financial performance is in place to enable the ICB to fulfil its statutory responsibility not to exceed its expenditure limits, as set by direction of NHS England.

1.6 Allocations

1.6.1 The ICB's Chief Finance Officer will:

a) Periodically review the basis and assumptions used by NHS England for distributing allocations and ensure that these are reasonable and realistic and secure the ICB's entitlement to funds;

b) Prior to the start of each financial year, submit to Board for approval a report showing the total allocations received and their proposed distribution including any sums to be held in reserve; and

c) Regularly update the Board on significant changes to the initial allocation and the uses of such funds.

1.7 Commissioning, Strategy, Budgets, Budgetary Control and Monitoring

POLICY – The ICB will produce and publish an annual commissioning plan that explains how it proposes to discharge its financial duties. The ICB will support this with comprehensive medium term financial plans and annual budgets.

[1]

1.7.1 The Chief Executive Officer will compile and submit to the Board an ICB strategy which takes into account financial targets and forecast limits of available resources.

[1] See section 14Z11 of the 2006 Act, inserted by section 26 of the 2012 Act.

1.7.2 The Board will approve consultation arrangements for the ICB's five year plan which sets out how the ICB will discharge its duties as set out in the Constitution and the proposed steps it will take to implement the ICP Strategy.

1.7.3 Prior to the start of the financial year the Chief Finance Officer will, on behalf of the Chief Executive Officer, prepare and submit budgets for approval by the Board.

1.7.4 The Chief Finance Officer shall monitor financial performance against budget and plan, periodically review them, and report to the Board. This report should include explanations for variances. These variances must be based on any significant departures from agreed financial plans or budgets.

1.7.5 The Chief Executive Officer is responsible for ensuring that information relating to the ICB's accounts or to its income or expenditure, or its use of resources is provided to NHS England as requested.

1.8 Annual Accounts and Reports

POLICY – The ICB will produce and submit to NHS England accounts and reports in accordance with all statutory obligations, relevant accounting standards and accounting best practice in the form and content and at the time required by NHS England.

[2]

1.8.1 The Chief Finance Officer will ensure the ICB:

a) Prepares a timetable for producing the annual report and accounts and agrees it with external auditors and the Audit Committee;

b) Prepares the accounts according to the timetable approved by Audit Committee;

c) Ensures delivery against the approved timetable, including obtaining sign off by Board.

d) Complies with statutory requirements and relevant directions for the publication of an annual report;

e) Considers the external auditor's management letter and fully address all issues within agreed timescales; and

f) Publishes the external auditor's management letter on the ICB's website at and makes it available upon request via the Head of Corporate Affairs. A copy will also be available for inspection at the ICB's offices.

[2] See paragraph 17 of Schedule 1A of the 2006 Act, as inserted by Schedule 2 of the 2012 Act.

1.9 Information Technology

POLICY – The ICB will ensure the accuracy and security of its computerised financial data.

1.9.1 The Chief Finance Officer is responsible for the accuracy and security of the ICB's computerised financial data and shall:

a) Devise and implement any necessary procedures to ensure adequate (reasonable) protection of the ICB's data, programs and computer hardware from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 2018/UK GDPR;

b) Ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;

c) Ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment;

d) Ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as the Chief Finance Officer may consider necessary are being carried out.

1.9.2 In addition, the Chief Finance Officer shall ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation.

1.10 Accounting Systems

POLICY – The ICB will run an accounting system that creates management and financial accounts.

1.10.1 The Chief Finance Officer will ensure:

a) The ICB has suitable financial and other software to enable it to comply with these policies and any consolidation requirements of NHS England;

b) Contracts for computer services for financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes.

1.10.2 Where another health organisation or any other agency provides a computer service for financial applications, the Chief Finance Officer shall periodically seek assurances that adequate controls are in operation.

1.11 Bank Accounts

POLICY – The ICB will keep enough liquidity to meet its current commitments.

1.11.1 The Chief Finance Officer will:

a) Review the banking arrangements of the ICB at regular intervals to ensure they are in accordance with Secretary of State directions, best practice and represent best value for money;

b) Manage the ICB's banking arrangements and advise the ICB on the provision of banking services and operation of accounts;

c) Prepare detailed instructions on the operation of bank accounts.

1.11.2 The Board shall approve the banking arrangements.

1.12 Income, Fees and Charges and Security of Cash, Cheques and Other Negotiable Instruments

[3]

POLICY – the ICB will:

- operate a sound system for prompt recording, invoicing and collection of all monies due;
- seek to maximise its potential to raise additional income only to the extent that it does not interfere with the performance of the ICB or its functions;
- ensure its power to make grants and loans is used to discharge its functions effectively.

[4]

1.12.1 The Chief Finance Officer is responsible for:

a) Designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, and collection and coding of all monies due;

b) Establishing and maintaining systems and procedures for the secure handling of cash and other negotiable instruments;

c) Approving and regularly reviewing the level of all fees and charges other than those determined by NHS England or by statute. Independent professional advice on matters of valuation shall be taken as necessary

[3] See section 14Z5 of the 2006 Act, inserted by section 26 of the 2012 Act.

[4] See section 14Z6 of the 2006 Act, inserted by section 26 of the 2012 Act.

d) Developing effective arrangements for making grants or loans.

1.13 Tendering and Contracting Procedure

POLICY – The ICB will:

- Ensure proper competition that is legally compliant within all purchasing to ensure it incurs only budgeted, approved and necessary spending.
- Seek value for money for all goods and services.
- Ensure that competitive tenders are invited for:
  - the supply of goods, materials and manufactured articles;
  - the rendering of services including all forms of management consultancy services (other than specialised services sought from or provided by the Department of Health); and
  - the design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens) and for disposals.

1.13.1 The ICB shall ensure that the firms/individuals invited to tender (and where appropriate, quote) are among those on approved lists or where necessary a framework agreement. Where in the opinion of the Chief Finance Officer, it is desirable to seek tenders from firms not on the approved lists, the reason shall be recorded in writing to the ICB's Audit Committee.

1.13.2 The Board may only negotiate contracts on behalf of the ICB, and the ICB may only enter into contracts, within the statutory framework set up by the 2006 Act, as amended by the 2012 Act. Such contracts shall comply with:

a) The ICB's standing orders;

b) The Public Contracts Regulation 2015, any successor legislation and any other applicable law; and

c) And take into account as appropriate any applicable NHS England or the Independent Regulator of NHS Foundation Trusts (Monitor) guidance that does not conflict with (b) above.

1.13.3 In all contracts entered into, the ICB shall endeavour to obtain best value for money. The Chief Executive Officer shall nominate an individual who shall oversee and manage each contract on behalf of the ICB.

1.14 Commissioning

POLICY –Working in partnership with relevant national and local stakeholders, the ICB will commission certain health services to meet the reasonable requirements of the persons for whom it has responsibility.

1.14.1 The ICB will coordinate its work with NHS England, other clinical commissioning groups, local providers of services, local authority, including through Health & Wellbeing Boards, patients and their carers and the voluntary sector and others as appropriate to develop

robust commissioning plans.

1.14.2 The Chief Executive Officer will establish arrangements to ensure that regular reports are provided to the Finance and Performance Committee detailing actual and forecast expenditure and activity for each contract.

1.14.3 The Chief Finance Officer will maintain a system of financial monitoring to ensure the effective accounting of expenditure under contracts. This should provide a suitable audit trail for all payments made under the contracts whilst maintaining patient confidentiality.

1.15 Risk Management

POLICY – The ICB will put arrangements in place for evaluation and management of its risks.

1.15.1 The Chief Executive Officer shall ensure that the ICB has a programme of assurance management, in accordance with current Department of Health assurance framework requirements, which must be approved and monitored by the Board.

1.15.2 The programme of risk management shall include:

- A process for identifying and quantifying risks and potential liabilities;
- Engendering among all levels of staff a positive attitude towards the control of risk;
- Management processes to ensure all significant risks and potential liabilities are addressed including effective systems of internal control, cost effective insurance cover, and decisions on the acceptable level of retained risk;
- Contingency plans to offset the impact of adverse events;
- Audit arrangements including; internal audit, clinical audit, health and safety review;
- A clear indication of which risks shall be insured;
- Arrangements to review the risk management programme.

1.15.3 The existence, integration and evaluation of the above elements will assist in providing a basis to make a statement on the effectiveness of Internal Control within the Annual Report and Accounts as required by current Department of Health guidance.

1.15.4 Details of the processes and responsibilities relating to the management of risk and assurance including processes to populate and score risks are set out in the ICB's Risk Policy and Strategy which is available on the ICB's website or upon request at the ICB's headquarters.

1.16 Payroll

POLICY – The ICB will put arrangements in place for an effective payroll service.

1.16.1 The Chief Finance Officer will ensure that the payroll service selected:

a) Is supported by appropriate (i.e. contracted) terms and conditions;

b) Has adequate internal controls and audit review processes;

c) Has a suitable arrangement for the collection of payroll deductions and payment of these to appropriate bodies.

1.16.2 In addition the Chief Finance Officer shall set out comprehensive procedures for the effective processing of payroll.

1.17 Non-pay Expenditure

POLICY – The ICB will seek to obtain the best value for money goods and services received.

1.17.1 The Board will approve the level of non-pay expenditure on an annual basis. Delegated financial limits for non-pay expenditure will be determined by the Chief Finance Officer and reviewed annually and approved by the Audit Committee.

1.17.2 The Chief Executive Officer shall set out procedures on the seeking of professional advice regarding the supply of goods and services.

1.17.3 The Chief Finance Officer will:

- Advise the Board on the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in the scheme of financial delegation;
- Be responsible for the prompt payment of all properly authorised accounts and claims;
- Be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable.

1.17.4 Joint Finance Arrangements with Local Authorities and Voluntary Bodies.

Payments to local authorities and voluntary organisations made under the powers of Sections 256 and 257 of the NHS Act 2006 shall comply with procedures laid down by the Chief Finance Officer which shall be in accordance with these Acts and the 2000 Directions of the Secretary of State.

1.18 Capital Investment, Fixed Asset Registers and Security of Assets

POLICY – The ICB will put arrangements in place to manage capital investment, maintain an asset register recording fixed assets and put in place polices to secure the safe storage of the ICB's fixed assets.

1.18.1 The Chief Executive Officer will:

a) Ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon plans;

b) Be responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;

c) Ensure that the capital investment is not undertaken without confirmation of purchaser(s) support and the availability of resources to finance all revenue consequences, including capital charges;

d) Be responsible for the maintenance of registers of assets, taking account of the advice of the Chief Finance Officer concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted once a year.

1.18.2 The Chief Finance Officer will prepare detailed procedures for the disposals of assets.

1.19 Retention of Records

POLICY – The ICB will put arrangements in place to retain all records in accordance with NHS Code of Practice Records Management 2006 and other relevant notified guidance.

The Chief Executive Officer shall:

a) Be responsible for maintaining all records required to be retained in accordance with NHS Code of Practice Records Management 2006 and other relevant notified guidance;

b) Ensure that arrangements are in place for effective responses to Freedom of Information requests;

c) Publish and maintain a Freedom of Information Publication Scheme.

1.20 Trust Funds and Trustees

POLICY – The ICB will put arrangements in place to provide for the appointment of trustees if the ICB holds property on trust.

1.20.1 The Chief Finance Officer shall ensure that each trust fund which the ICB is responsible for managing is managed appropriately with regard to its purpose and to

its requirements.

1.21 Acceptance of Gifts by Staff and Link to Standards of Business Conduct

1.22.1 The Chief Finance Officer shall ensure that all staff are made aware of ICB policy on acceptance of gifts and other benefits in kind by staff (see Conflicts of Interest Policy).

1.22.2 Details of all hospitality received by staff shall be entered in a register maintained by the Director of Corporate Governance.

1.22 Commissioning Support Service

1.22.1 The Chief Finance Officer will be responsible for ensuring a comprehensive Service Level Agreement is in place for services provided by any selected Commissioning Support Service.

1.22.2 The Chief Finance Officer will endeavour to ensure that the contract for such services represents value for money.

1.22.3 The Chief Finance Officer will ensure the Board can be assured as to the accuracy and quality of services delivered by any selected Commissioning Support Service.

Staffordshire and Stoke-on-Trent Integrated Care System

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure No: 07

Report to:	**Audit Committee**					
Date:	**06 October 2025**					
Title:	**NHS Reset Transition Update**					
Presenting Officer:	Paul Winter, Associate Director of Corporate Governance					
Author(s):	Paul Winter, Associate Director of Corporate Governance					
Document Type:	Report		If Other: Click or tap here to enter text.			
Action Required (select):	**Information (I)**	☐	**Discussion (D)**	☒	**Assurance (S)**	☒
	Approval (A)	☐	**Ratification (R)**	☐	*(check as necessary)*	
Is the decision within SOFD powers & limits	**Yes / No**	YES				
Any potential / actual Conflict of Interest?	**Yes / No**	NO *If Y, the mitigation recommendations –*				
Any financial impacts: ICB or ICS?	**Yes / No**	*NO* Click or tap here to enter text.				
Any impacts on ICB Undertakings?	**Yes / No**	YES *Management of NHSE Undertakings is a clear corporate priority*				
Appendices:	None – details embedded into the front cover					

(1) Purpose of the Paper:

To keep the Committee (and Board) assured and appraised on NHS Reform, as originally set out in NHSE's "Model ICB Blueprint", in support of the ICB Transition Committee. The ICB Audit Chair / NEM requested an enhanced update on Reset and the work of the wider programme at the agenda setting meeting; to cover a number of Audit Committee remit matters, like effectiveness of arrangements, Internal Controls and general Corporate Governance.

(2) History of the paper, incl. date & whether for A / D / S / I (as above):	Date
First review today	

(3) Implications:

Legal / Regulatory	Each ICB is required to establish a Transition Committee per ICB Blueprint
CQC / Patient Safety	Some clinical risks will be concerned with Quality & Safety Management
Financial (CFO-assured)	Some financial risks will be concerned with Finance Management
Sustainability	n/a
Workforce / Training	n/a
Equality & Diversity	n/a
Due Regard: Inequalities	The ICB must have regard to reducing inequalities in all of its activities
Due Regard: wider effect	The ICB must have regard to the wider impact in all of its decisions

(4) Statutory Dependencies & Impact Assessments:

		Yes	No	N/A	Details
Completion of Impact Assessments:	**DPIA**	☐	☐	☒	*If N, why* Click or tap here to enter text. *If Y*, Reported to IG Group on Click or tap to enter a date.
	EIA	☐	☐	☒	Click or tap here to enter text.
	QIA	☐	☐	☒	*If N, why* Click or tap here to enter text. *If Y*, signed off by QIA on Click or tap to enter a date.
Has there been Public / Patient Involvement?		☐	☐	☒	Click or tap here to enter text.

(5) Integration with the SBAF & Key Risks:

SBAF1	Responsive Patient Care - Elective	☒	**SBAF5**	High Quality, Safe Outcomes	☒
SBAF2	Responsive Patient Care - UEC	☒	**SBAF6**	Sustainable Finances	☒
SBAF3	Transforming Community Services	☒	**SBAF7**	Improving Productivity	☒
SBAF4	Reducing Health Inequalities	☒	**SBAF8**	Sustainable Workforce	☒

(6) Executive Summary, incl. expansion on any of the preceding sections:

A range of NHS Reset governance-related matters are discussed in this paper. Including:-

- Future of the Transition Committee
- The Reset Governance & Technical Workstream
- ICB Governance Structures
- Potential Harmonisation of ICB Governance & Internal Control functions

(7) Recommendations to Committee:

☑ **To ASSURE Audit Committee** of the latest governance developments being worked upon currently;

☑ **To ASK the Committee** of what else it would like to see as the Transition Period progresses.

(1) ICB Chairs Proposal to integrate the ICB Transition Committees:

To keep their Boards assured and appraised on NHS Reform, as originally set out in NHSE's "Model ICB Blueprint", the two 'Clustering' ICBs each agreed to establish a Transition Committee. With membership comprising Executives & Non-Executives. These began as singular, SSOT or STW-only Committees.

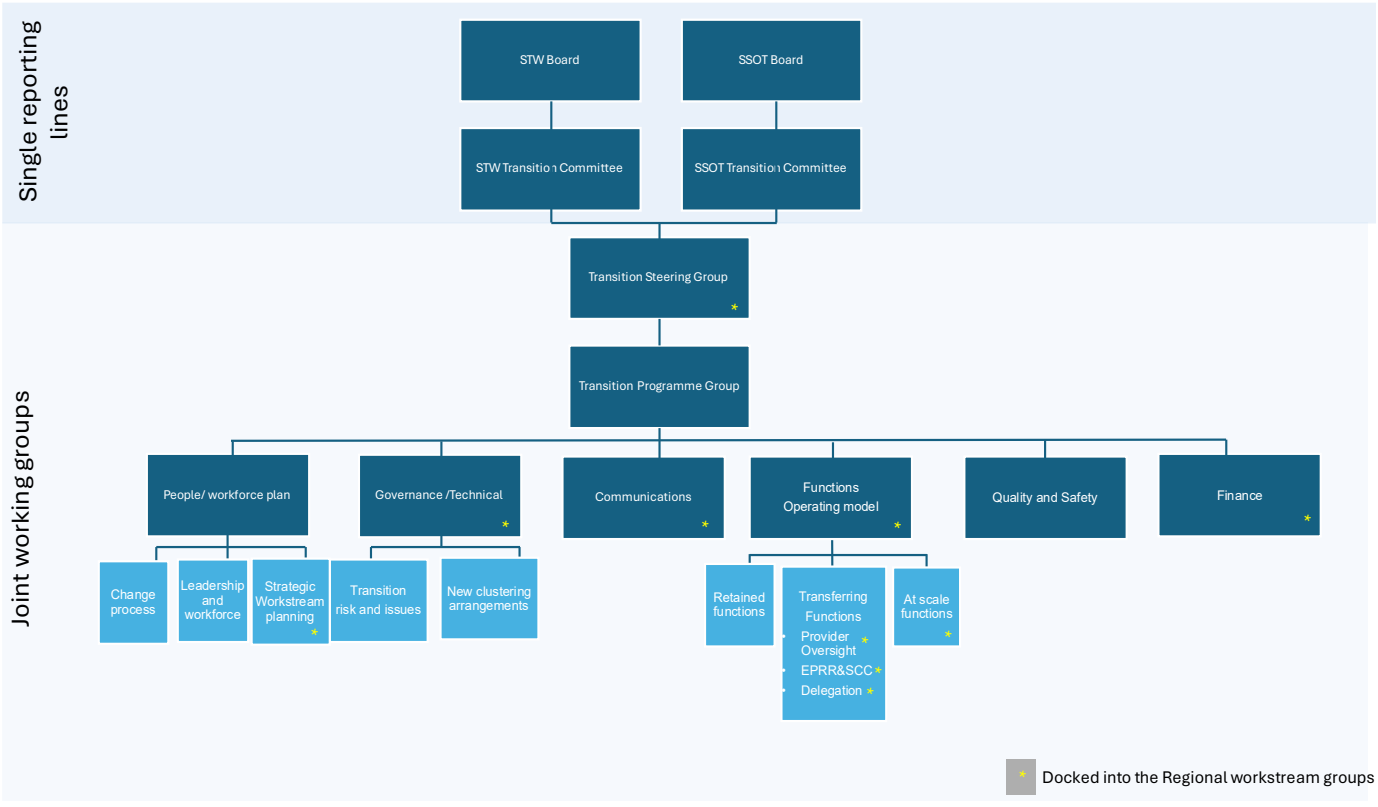
The two ICB Chairs have held discussions and agreed that the NHS SSOT / STW Transition Committees should come together early Autumn. Governance Teams have started looking at how this can be done as part of the 'Governance & Technical' Programme Workstream's plan – see next section - and supported by further offline discussions to talk through the implications / logistical arrangements etc.

In September 2025, new Terms of Reference for a Joint Committee of the two ICBs were drafted – which will go to both Transition Committees once agreed by Chairs and a suitable, in-common meeting date found. These have been modelled on exemplar TORs from 2 other ICB Clusters in the Midlands region.

The duties of a Transition Committee, in whichever guise, remain driven by ICB objectives and associated risks. For the first few meetings, the two Committees will continue to exist separately but meet "in Common" to bed in the pathway leading to a replacement, Joint Committee version that will be serving both Boards jointly, under new Terms of Reference.

[Note: TORs changes for in-common working are not necessary, as they remain exactly the same as were initially agreed by both Committees / Boards.]

There are not many changes needed to get from one to the other. The main change proposed is to look at the Membership of the new, versus the Memberships of the predecessor arrangements. Traditional 'Good Governance' best practices normally assume that formation of a joint arrangement has fewer participants than predecessors had combined. This is where both Committees' views in common will be helpful to solving this issue for ours.



(2) The 'Reset' Governance & Technical Workstream Plan:

This has been drafted to support the Workstream develop the technical Transition Programme Plan, outlining the expected tasks required to support the two ICBs into 'Clustering'. The Governance & Technical Group (G&TG) – as outlined in the structure diagram on the preceding page – continues to manage ongoing transition planning activities across the systems, with a focus on preparing for Clustering and future integration. The purpose of the G&TG is to:-

- ☑ Bring together key organisational technical Subject Matter Experts in relation to comms, digital, finance, governance and corporate functions to develop the technical Transition Programme Plan to support Cluster working from 1st April 2026, at the latest.
- ☑ Support a safe / credible transition from individual ICBs to a single Cluster in accordance with required timescales by ensuring robust processes are in place and adhered to (including any future gateway process role to help any safe transfer of functions).
- ☑ Support ICBs to implement required governance changes (x2 ICB Constitutions, Board Composition, Cluster Governance etc).
- ☑ To agree and deliver consistent, integrated internal / external communications and engagement strategies for the duration of the programme to ensure consistency and timing of messages.
- ☑ To provide financial oversight, advice and guidance to ensure consistent application of planned reduction in running costs for ICBs. Provide support to functional workstreams and ensure financial implications are understood and planned for.

Good progress is being made in several areas, much of the work remains in a preparatory phase due to the pending announcement of the new CEO and Chair.

The STW & SSOT Governance Teams are actively reviewing the two ICBs' existing Governance (Committees + Board) Structures, aligning Communications Strategies, and exploring opportunities for joint working, particularly in Finance, Digital Infrastructure, and Procurement.

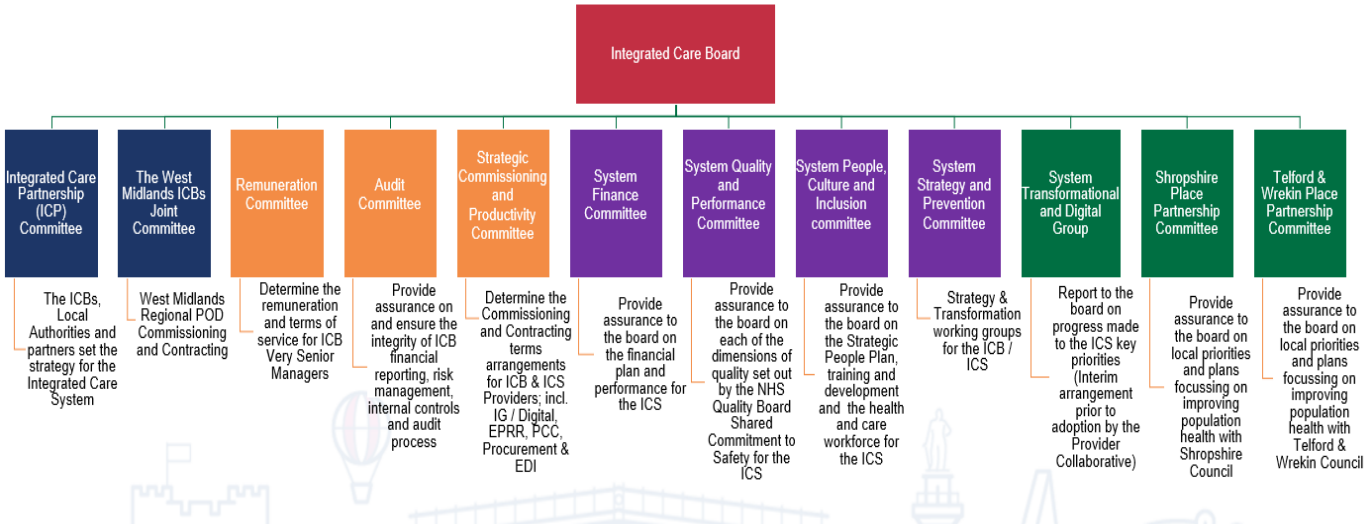
There is a shared emphasis on maintaining BAU Operations while laying the groundwork for a more integrated approach. The importance of pragmatism, collaboration, and clear escalation routes was highlighted to ensure smooth progress during this transitional period:-

- ☑ A final draft Clustering (Joint Working) Agreement, to formalise collaboration between ICBs and aiming for clarity and pragmatism over bureaucracy, is near to discussion by both Transition Committees.
- ☑ A Data Sharing Agreement & DPIA for Workforce have also been produced to enable the People Workstream to progress with their activities – currently in final sign off stage by the 2 Transition Committees. A fuller, more comprehensive cover version for ALL data sharing is currently in production.
- ☑ Governance Leads are preparing a Discussion & Options Paper on Joint Committees and Working-in-Common, mapping the governance needed to support transition and reduce duplication across two ICBs while the total workforce is being reorganised. There is a recognition of the need to map decision-making structures to identify opportunities for greater harmonisation and joint escalation routes.
- ☑ **This will potentially (post-approvals) have significant implications for the STW + SSOT 'Board Assurance Committees'** – early drafts will be shared with both Joint Weekly Execs and Fortnightly NEMs meetings pre-Board discussion, in order to finesse the paper and reduce any 'hidden surprises' pre-agreement of the preferred way forward for key Internal Controls such as these.

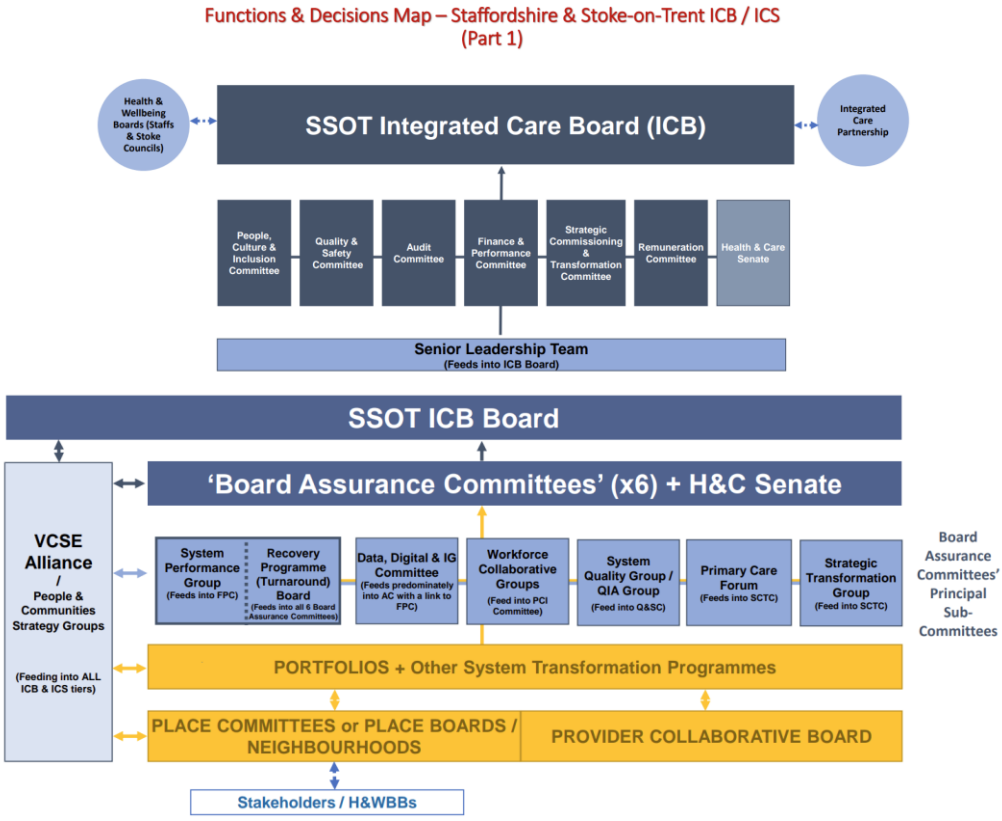
(3) Current ICB Governance Structures (aka "Functions & Decisions Maps"):

These have been shared between the Governance Teams to support the Workstream develop the above proposal to the Transition Committees and Boards (in October or November), to help outline the available "Art of the Possible" options there could be put in place as either Single or Joint Internal Controls & Assurance Mechanisms, needed to support the ICBs take 'Clustering' forward in the best way possible:-

STW's F&D Map =



SSOT's F&D Map =



These show a variety of potential options for In-Common Committees (Board, Audit, Rem); others for new, Joint Committees ("Cluster Board", any Board Assurance Committee function bar Audit & Remuneration). More detailed versions will be shared with the 2 Boards in October or November. [*Note: it is feasible to create a new committee for it to work in common – precedents were set in the 6-into-1 CCGs Merger, creating a new HR-OD Committee for one so it could meet the other five.*]

Options for joint or in-common committees etc meetings =

(1) Keep the 2 ICB Functions & Decisions Maps as they are, served by integrated Cluster staff teams;
(2) Delegate ICB Statutory Functions to the other Cluster ICB to perform in the name of the other;
(3) Lead (Strategic) Commissioner Arrangements – for procurement & contracting functions;
(4) Committees in Common Arrangements – for those best fitting this governance model;
(5) Joint Committees – as legally formed under s.65Z6 of the 2022 H&C Act.

(4) SSOT-STW 'Harmonisation' of Core Governance & Internal Controls Functions:

The future of Statutory & Regulatory Compliance ICB Governance Functions, in terms of potentially changing anything that is currently set out under the SSOT ICB Constitution / Governance Handbook / Policies & Procedures etc, will remain as directed by the two Transition Committees, ICB Assurance Committees and both Boards. Once there is greater certainty and clarity about the future structures and Boards' confirmed intentions / expectations (per the paper mentioned in section 3), the changes that are agreed will be worked upon and harmonised as part of the Governance Workstream Plan.

The Audit and all other Board Assurance Committees are asked to note that until new Primary or Secondary (Enabling) Legislation receives Royal Assent, the Statutory Guidance arranging for ICB Functions considered eligible for delegation or joint working remains in force. Meaning that potential scoping / mapping out reviews of any transferring ICB Governance functions will only ever occur once ready and permitted by new legislation. Until then:-

*"**Functions Central to the Corporate Governance of Individual Organisations***
These functions assure the organisation's leadership that it is functioning effectively, so must be retained if the organisation is to operate in its own right; for example, the requirement on each organisation to prepare consolidated annual accounts, or to have an audit committee. Some of these are functions that are widely recognised as being essential to good governance and should not therefore be within the scope of s65Z5 arrangements."

In the interim, while awaiting new legislation, many Corporate Governance functions that act as Internal Controls can be co-exercised within an ICB Cluster on behalf of both organisations by a single team; and it is these that will form the basis of the harmonisation plan, once ICB Boards & Committees have agreed to proposals suggesting which functions should be subject to this.

Recommendations to the Committee:

- ☑ **To ASSURE Audit Committee** of the latest governance developments being worked upon currently;
- ☑ **To ASK the Committee** of what else it would like to see as the Transition Period progresses.

Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure 16

AAA Escalation & Assurance Report from Committees

Report To:	Staffordshire and Stoke on Trent ICB Board
Date:	20th November 2025
Reporting Committee / Group:	Remuneration Committee
Date of Meeting:	30th September 2025
Meeting Quorate Y/N?	Yes
Presenter:	Shokat Lal
Author:	Stacey Robinson

Key Escalation & Discussion Points from the Committee Meeting:

ALERT
ADVISE
ASSURE
Appointment of Cluster CEO The Remuneration Committee received and approved a paper in relation to the appointment of the Cluster CEO and the appropriate remuneration. Business Case for Fixed Term Contracts The Remuneration Committee received and approved a paper in relation to the termination of a number of fixed term contracts at their planned contract end dates for reason of redundancy. VSM Pay Award The Remuneration Committee discussed and agreed in principle the proposals within the paper for the VSM Pay Award. The Committee requested that they receive feedback on the decision made by STW ICB for the same paper to ensure consistency.

System-ICB Risks / Board Assurance Framework (SBAF):
N/A

Policies Approved:
N/A

Decisions to be Escalated to ICB Board:
N/A

NHS
Staffordshire and
Stoke-on-Trent
Integrated Care Board

Enclosure 17a

AAA Escalation & Assurance Report from Committees[1]

Report To:	ICB Board
Date:	20th November 20205
Reporting Committee / Group:	Strategic Commissioning & Transformation Committee (SCTC)
Date of Meeting:	3 September 2025
Meeting Quorate Y/N?	Yes
Presenter:	Mike Lawton, ICB NEM and SCTC Chair
Author:	Vanessa Ridout, Executive Assistant

Key Escalation & Discussion Points from the Committee Meeting:

ALERT

There were no alerts for the Committee from the meeting held on 3 September 2025.

ADVISE

VCSE Alliance Triple A Report – Terms of Reference *(For approval)*
The Terms of Reference ensures the VCSE Alliance meeting runs in accordance with ICB governance but are not too over bureaucratic to stifle the involvement of the VCSE sector. The paper updated the Committee from the VCSE Alliance meeting as part of the governance process for the Alliance. The Terms of Reference were submitted for ratification and recommended to the Board that this is the way the Alliance will be operating under its terms of reference and governance.

Memorandum of Understanding with Local Authorities on Substantial Change *(for approval)*
The ICB has duties under the Health Act to consult local authorities about proposals which they have under consideration for a substantial development or variation in the provision of health services. This memorandum of understanding has been developed to assist the local authority scrutiny function of Staffordshire County Council and Stoke-on-Trent City Council and the ICB to reach a view as to whether a proposal constitutes a substantial variation or substantial development. It was noted that the MOU had gone to the Cabinet of Staffordshire local authority. It was confirmed after the Committee that Stoke City had also agreed the MOU. The Committee approved the MOU.

ASSURE

Voluntary Sector Report (carried over from the August Meeting) *(for discussion)*
A further discussion took place around the voluntary sector report. A summary of the discussions included:

- There is a real willingness to engage and some workshops will be set up with the ICB to get that traction in place.
- There is a necessity for visibility of the organisation and clarity and what they can provide.
- Commissioning – short-term commissioning is difficult when setting up and putting up a resource for a year and not knowing if further funding is coming the following year. Different decisions would be made if contracts were longer for 2 or 3 years and this should be explored further as to whether this can be done or not.
- Levelling up and about how to maintain that visibility. Need to ensure that VCSE is at the forefront of our minds.

[1] **Refers to Section 1.3(a) –** Adapted examples from the March 2024 Board papers – PCI / F&PC / Q&S reports to Board

2025/26 Delivery Plans (NHSE Operational Plan and Local Priorities): Portfolio Self-Assessment of delivery at Q1 ***(For assurance and information)***

The report was presented for information and assurance for quarter one. As part of the annual planning round each portfolio and enabler are asked to develop a delivery plan that aligns to the national planning guidance and local transformation and delivery. The report summarised the portfolios self-assessment of each of those deliverables at the end of quarter one against those annual planning priorities and deliverable.

key Findings
328 deliverables assessed across all portfolios:

- 17 (5.2%) complete (Blue)
- 244 (74.4%) on track (Green)
- 60 (18.3%) off track but recoverable (Amber)
- 7 (2.1%) at risk of delivery in-year (Red)

In Q1 there were no deliverables identified as red or amber for Primary Care, Medicines Optimisation, Community Transformation in terms of the Neighbourhood arm of that. Of the 7 deliverables that were rated as at risk, 3 were for mental health (although there are now 2). One of them has been downgraded from at risk to off track but recoverable. 3 have been identified for learning, disabilities and autism and one for children and young people.

Common Themes for Risk/Delay:

- Workforce shortages (e.g. epilepsy nurses, crisis teams)
- Financial constraints and reprioritisation
- Multi-agency coordination challenges
- Data quality and access issues
- External dependencies (e.g. delayed national guidance)

For Q2 portfolios will be asked to repeat the process again and will be asked to work in an MDT approach to confirm ratings and mitigations prior to then being signed off by the SRO or Exec Lead. A Q2 report will be submitted to a future SCTC.

The National Planning Framework ***(for assurance and information)***

The NHS Planning Framework was published in August 2025. The paper outlined key national changes and expectations, highlighting the requirements for ICBs and providers and introduces the support available through the newly launched National Planning Community of Practice.

It will set out how to approach panning over the next five years. One of the key areas is the move back to commissioning intentions.

System Transformation and Service Change Update ***(for Information)***

The Committee received and noted the content of an update report covering:

Maternity
The formal consultation closed on 3rd August and there was an overwhelming response to that consultation. The report of findings Is being pulled together. The pre-decision making business case will come through the Committee later in the year.

Urgent and Emergency Care

- UTC designation templates updated, minor amends required but NHSE supportive of proposed designation sites.
- System wide business case for UTC designation being finalised and to be taken through Governance process for approval.
- Meeting arranged with ICB and primary care colleagues to discuss plans for Cannock
- Development of pre-consultation business case for Cannock ongoing.

Neighbourhood Health and Care Programme

- letter received 09 July 2025 regarding the National Neighbourhood Health Implementation programme. Invitation for place-based applications to participate in the national programme that aims to accelerate work to implement neighbourhood health services. ICB and partner organisations worked collaboratively to submit two applications from within SSOT, one for East Staffordshire PCN and one for Whitfield PCN (North Stoke). Applications were submitted on 08 August 2025 with the outcome of the application process expected on 05 September 2025. Successful applications would then immediately start rolling out their neighbourhood health programmes from September 2025.
- Work ongoing with PCNs and potential early implementer sites to discuss the neighbourhood health and care programme and the implementation of integrated neighbourhood teams.
- Neighbourhood health maturity matrix self-assessment completed and shared with NHSE on 24 July 2024. ICB are currently awaiting feedback from NHSE.
- Discussions ongoing with Provider Collaborative to determine key deliverables for 2025/26 and the ICB pieces of work to transfer to the provider collaborative for delivery during 2025/26

Queen's Hospital Burton Cardiac Catheter Lab

- Diagnostic angiograms and permanent pacemaker implantation services are currently delivered at QHB in the Cardiac catheter lab. QHB does not hold British Cardiac Intervention Society (BCIS) accreditation meaning they are not permitted to deliver interventional Percutaneous Coronary Intervention procedures (PCI) on the QHB site if this is required following the diagnostic angiogram. For these patients who require a PCI, they are transferred to Royal Derby Hospital and undergo a second procedure.
- The cardiac catheter lab at QHB reaches the end of its serviceable life from the end of June 2025. BCIS recommendation suggest diagnostic only angiogram procedures and labs should be phased out in favour of Cardiac CT and MRI. UHDB are therefore proposing to consolidate services at the Royal Derby Hospital (RDH) site and close the cardiac catheter lab at QHB. This avoids the need for a double puncture procedure for patients who had previously undergone an angiogram at QHB and a subsequent PCI at RDH
- For elective permanent pacemaker patients, this would mean they need to travel to Royal Derby Hospital for their procedure. Any patients who are an inpatient at QHB and require a pacemaker would be transferred to RDH as an inpatient hospital transfer and repatriated back to QHB for discharge

GP Action Plan *(for assurance and information)*

The GP Action Plan outlines Staffordshire and Stoke on Trent ICBs approach to meeting the 2025/26 Operational Planning Guidance requirement to put in place an action plan for general practice by June 2025. It focuses on practical actions to:

• tackle unwarranted variation
• improve contract oversight
• improve commissioning and transformation

Collectively, these actions will deliver the planning guidance priority to enable patients to access general practice in a timelier way and improve patient experience.

Primary Care Triple a Report *(for assurance and information)*

Report included no "Alerts" to SCTC; and no new risks.

The overall budget is £667.141m. Against this, at month 4 the forecast outturn expenditure variance is £5.783m underspend

Pharmacy, Optometry and Dental Services - an assurance meeting had taken place with NHSE in regard to the additional urgent dental appointments that are required to be delivered within primary care over the next. The figure within the paper, 700,000 is national so for SSoT is 16,000. A communication campaign has been committed to, to ensure residents know how they can access

dental care and how they can get access to urgent treatment. This has been developed along with a comms tool kit that is about to be launched.

There is a national reconciliation into nursing and care home patients recording as part of the PCN DES. NHSE have applied a mandatory requirement for practices to ensure they keep the list up to date but there was never an agreement that it would be recorded, checked and validated. This does mean that some practices may have been underpaid for some patients that have not been declared or coded correctly. Those reconciliation and claims are going on now to resolve that.

The primary care element of the winter plan was presented and approved which includes a number of additional elements in the form of same day access hubs. There are some primary care winter readiness events taking place for patients now within the PCN areas and it is expected that there will be at least 25 of these.

The occupational health contract for primary care is being extended to fit in with the timelines of Shropshire, Telford and Wrekin so that will be commissioned going forward on a clustering basis in the future to support the coming together of the two ICBs.

System-ICB Risks / Board Assurance Framework (SBAF):

The Committee considered whether each risk level and assurance assessment accurately reflects the current position, and whether the actions identified were sufficient to either reduce the risk level or provide additional assurance, with particular focus on SBAF 3 - Proactive Planning and Delivery of Integrated Locality Based Community Services and SBAF 4 - Reducing Health Inequalities. The Committee agreed with the recommendations within the report.

Policies Approved:

Not applicable – no policies required for approval at the September.

Decisions to be Escalated to ICB Board:

There were no decisions to escalate to the Board.

NHS
Staffordshire and
Stoke-on-Trent
Integrated Care Board

Enclosure 17b

AAA Escalation & Assurance Report from Committees[1]

Report To:	Board
Date:	20th November 2025
Reporting Committee / Group:	Strategic Commissioning and Transformation Committee
Date of Meeting:	01 October 2025
Meeting Quorate Y/N?	Yes
Presenter:	Mike Lawton, Non-Executive Director
Author:	Vanessa Ridout, Executive Assistant

Key Escalation & Discussion Points from the Committee Meeting:

ALERT

Children and Young People (CYP) Access Issues *(for Approval/Assurance and Discussion)*

Five services have been identified as areas of significant concern and a priority for resolution for children and young people; these areas all require a level of investment in order to improve access and ensure that we are meeting the needs of our children and young people.

The Five areas are:
1. Paediatric Dietetics
2. Avoidant Restrictive Food Intake Disorder (ARFID)
3. Paediatric Audiology
4. Epilepsy Specialist Nursing
5. Youth Offending Health Provision

The Committee discussed this item in great details and noted the update in relation to the identified issues relating to access to specialist services for children and young people.

The Committee were **not assured** that mitigations have been put in place to manage the risks however these are on the risk register but may not be on the provider risk register.
The Committee **did not support** the recommendation to invest into the service to drive improvements and reduce the risk to children and young people. A session to look at prioritisation of services will be established.
The Committee **supported** the involvement of ICB clinical leads in discussions going forward.
The Committee **did not approve** the recommendation for providers to respond with plans for improvement as it was felt too early at this stage to do this.
The Committee **approved** a recommendation for further discussion and agreement via the ICB Board.

ADVISE

NHS Strategic Transformation and NHS Reform *(for discussion and assurance)*

A verbal update was provided to the Committee.

Four working groups have been established focusing on the development and operating model, governance and technical arrangements, people and HR and quality and safety. In addition, there is also a finance work stream.

The Commissioning Framework is awaited and should details the future roles of ICBs.

[1] **Refers to Section 1.3(a) –** Adapted examples from the March 2024 Board papers – PCI / F&PC / Q&S reports to Board

CSUs are due to close and as there is an interface between ICBs and CSUs the complexities of all this needs to be worked through.

A Functions and Operating Model Group has been established and is working on what the operating model will look like for the cluster. A first draft has been drawn up and will be submitted to a future Committee.

A Model Region document has been published and this is being worked through with regional colleagues.

The Chair and Chief Executive of the cluster has been announced and the first phase of the management of change for directors has commenced across SSoT and STW ICBs.

A discussion took place around the ICB changes and the impact on providers when some activity may be transferring to providers. It was recognised that some of the changes are unlikely to happen quickly and that there needs to be extensive conversations about functions being held in different parts of the system to ensure that it is suitable and that receiving partners are ready to receive those functions.

ASSURE

Terms of Reference (ToR) ***(for discussion and assurance)***

The Committee were advised that the ToR were subject to regular review and updated and will formally go through an annual review after 12 months. In-between times if there are any significant changes to national, regional or local policy or if members have anything to suggest then proposals can come back at any time within that 12 month frequency.

Service Transformation and Service Change Update ***(for information)***

The Committee received and noted the content of an update report covering:

Maternity

Awaiting the final version of the report findings. The report will be formally received to look at the impact on the proposals that were outlined within the pre-consultation business case.

Urgent & Emergency Care

Meeting arranged with ICB and primary care colleagues to discuss plans for Cannock. Updates have been presented to Cannock OSC in September and a meeting with the Cannock MP is being rescheduled. The development of the pre-consultation business case for Cannock is ongoing.
A system wide business case for UTC designation is being finalised to be taken through the Governance process for approval.
A task & Finish Group in place to deliver RSUH UTC.

Neighbourhood Health and Care Programme

The outcome of applications to National Neighbourhood Health Implementation Program was received on 9 September and unfortunately neither application from within SSOT was successful however feedback has been received and teams will be invited to Community of Practice sessions to support future applications and the implementation of neighbourhood health and care models.
Work ongoing with PCNs and potential early implementer sites to discuss the neighbourhood health and care programme and the implementation of integrated neighbourhood teams.
Discussions ongoing with Provider Collaborative to determine key deliverables for 2025/26 and the ICB pieces of work to transfer to the provider collaborative for delivery during 2025/26

Primary Care Forum Triple A Report ***(for information)***

The Committee received the report for information noting the following:

- There were no alerts or new risks.

- There was a practice termination and that was Dr Khane's practice in Stoneydelph in Tamworth. A caretake is in place with no disruption to patient safety.
- Finances are in a healthy position for primary care.
- Dental - there are ongoing conversations with NHSE about there not being the demand for the number of urgent appointments that the system is expected to deliver and therefore a robust patient communication campaign has been developed to make sure citizens know how to access urgent dentistry.
- The Government has received the new dental incentive scheme.
- Confidential discussions have taken place regarding a couple of practices.
- A new occupational health procurement is complete and goes live from 1 October, this is called Heals Medical.

Sustainability quarterly report *(for information and assurance)*
The Committee received an update on the work ongoing within the System to deliver the ICS Green Plan noting the following:

- Contact has been made with STW ICB colleagues to discuss how the work can be aligned and work together on join priorities regarding he green agenda as cluster arrangements further advance.
- An NHSE regional sustainability impact assessment (SIA) has been developed with the intention to be embedded into the established ICB governance process and assurance framework.
- Provider trusts have completed highlight reports which provide an overview of progress to date, key tasks to be completed over the next quarter, and risks to internal programmes.
- Current performance against key areas of focus to date are included within the report and current regional target for Nitrous Oxide pure (19-24%) and mixed (5-8%) have been included along with context on factors that NHSE are taking to determine a new local target for the system. An update on inhaler projects that are taking place to improve asthma management and reduce inhaler missions has been provided.
- To incorporate sustainability considerations and the Green Agenda into business as usual across all ICB directorates, a NHSE regional Sustainability Impact Assessment (SIA) has been developed. The intention is to embed into the established ICB governance processes and assurance framework and roll out across the organisation along with wider adoption and aligning processes for sustainability consideration across STW ICB as part of the future cluster arrangement. This has been developed by the Midlands Greener NHS team in conjunction with SSOT ICB along with other Sustainability Leads across the West Midlands as a tool which may be used in decision-making and when considering projects, tenders, strategies, business cases, policies, etc

System-ICB Risks / Board Assurance Framework (SBAF):

Risk Report *(for discussion and assurance)*
There were three risks flagged for the Committee.

Risk 1562: Wheelchair Procurement – Inherited waitlist - The risk relates to concerns that the incumbent provider may not improve the trajectory of wait lists, potentially resulting in a larger-than-anticipated backlog for the incoming provider. The risk will be reviewed monthly with mitigations in place to monitor the progress of the incumbent provider to maintain improvement measures until the new contract mobilises.

Risk 1563: Wheelchair Procurement – ICB reform. This risk has a target score of 6 with a target date of 31st October 2025. The Governance team notes that ICB Reform is progressing very slowly and no substantial development are currently known.

Risk 1444: Demand for paediatric dietetic services. Demand continues to outstrip capacity with long waits for follow-up appointments and service provision remains fragile. A business case is being developed and approval is awaited on whether the risk should be owned by the system or if the risk is

sufficient to warrant ICB investment. The risk has been changed to quarterly reviews with the next review taking place at the end of October 2025.

Policies Approved:
There were no policies for approval by the Committee

Decisions to be Escalated to ICB Board:
CYP Access Issues The Five areas are: 1. Paediatric Dietetics 2. Avoidant Restrictive Food Intake Disorder (ARFID) 3. Paediatric Audiology 4. Epilepsy Specialist Nursing 5. Youth Offending Health Provision

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Enclosure 17c

AAA Escalation & Assurance Report from Committees[1]

Report To:	ICB Board
Date:	20th November 2025
Reporting Committee / Group:	Strategic Commissioning & Transformation Committee (SCTC)
Date of Meeting:	5 November 2025
Meeting Quorate Y/N?	Yes
Presenter:	Mike Lawton, ICB NEM and SCTC Chair
Author:	Vanessa Ridout, Executive Assistant

Key Escalation & Discussion Points from the Committee Meeting:

ALERT

There were no alerts for the Committee.

ADVISE

ASSURE

025/26 Delivery Plans: Portfolio Self-Assessment of delivery at Quarter 2
(for information/ Assurance)

The Committee received the report which summarised the self-assessment each portfolio/enabler has made at the end of Q2 2025/26 against their annual priorities and deliverables.

The report sets out the number of deliverables that are identified as being complete, on track for 2025/26 delivery, off track but recoverable or at risk for 2025/26.

Each portfolio or enabler has completed a self-assessment of its progress against agreed deliverables, using a RAG rating system. This approach aims to support early identification of risks and prompt portfolios to take action or engage in targeted discussions to recover progress and ensure deliverables remain on track.

Key Findings

- Across all portfolios there are 343 deliverables of which;
- 25 (7.3%) deliverables are complete – blue
- 235 (68.5%) are on track for delivery in 2025/26 - green
- 72 (21%) deliverables are off track but recoverable for 2025/26 delivery – amber
- 11 (3.2%) deliverables are at risk of delivery in year - red

The portfolio areas that have deliverables which are RAG rated red – deliverables are at risk of delivery include: Learning Disabilities & Autism (3), Medicines Optimisation (2), Children & Young People (2), Primary Care (1), Mental Health (1), Green (1) and Integration (1).

Common Themes for Risk/Delay:

- Workforce capacity particularly shortage in specialist roles e.g. prescribing pharmacists
- Increased demand / demand outstripping capacity
- Factors outside of our direct control, i.e. publication of Downs Syndrome Act and SEND guidance delayed by Government until autumn

[1] **Refers to Section 1.3(a) –** Adapted examples from the March 2024 Board papers – PCI / F&PC / Q&S reports to Board

The report provided a reasonable level of assurance, however, it was important to note that the findings are based on self-assessment. The reliability of this assurance depends on the rigour and transparency applied by each portfolio and enabler. As such, the level of assurance is inherently influenced by the quality of input and the degree of critical reflection undertaken. This should be considered when interpreting the findings, particularly in areas where risks or underperformance may be underreported or not yet fully surfaced.

Strategic Alignment with NHS Planning Framework
The stocktake report makes a direct contribution to the foundation phase of the NHS Planning Framework, published in August 2025 and the Medium-Term Planning Framework published in October 2025. By establishing a clear and comprehensive baseline of delivery progress across portfolios and enabler areas required to inform strategic planning discussions. The insights from the report can be actively utilised by portfolios and enablers to shape their planning for 2026/27 and beyond, supporting the development of integrated five-year plans.

Primary Care Forum (PCF) Triple A report *(for information)*
There were no alerts for the SCTC.

Key points from the PCF included:
The overall budget is £671.001m. At month 6 the forecast outturn expenditure variance is £6.398m underspend.

Additional Space Requests
Additional Space Applications were discussed and considered for 3 practices.

- Two approvals made based on alignment with the PCN estates plans
- One request not approved based on the need not identified within the PCN estates plan Practice lease/rental value increase

Monthly update regarding Pharmacy, Optometry and Dental Services (PODs)
Members were informed of two procurements.

- Clinical Waste where the tender will launch next month and awarding the contract in February 2026.
- Sight Tests for 5-25 years olds within a special education setting. It is expected that this service will be in place for April 2026.

In terms of dental, there have been a number of complaints raised and a meeting is scheduled to take place with the Office of the West Midlands to discuss quality and the need to improve current processes.

General Practice Updates
Updates provided for three practices.

Practice One - Enhanced level of quality support, intervention and assurance based on data and outcomes of a quality visit. MDT to be put into place with regular updates to Primary Care Forum.
Practice Two – Assurance around the caretaker actions and processes that have been taking place following the recent contract termination.
Practice Three – The contract is being handed back (this will come into effect on 31st March 2026). Options appraisal to come back to PCF in December to ensure continuity of services for patients affected.

Quarterly General Practice Quality Report
The Primary Care Forum reviewed and considered the paper and were assured of the content of the report.

Primary Care Assurance Framework Submission
The paper was presented retrospectively for assurance purposes as the NHSE submission date was 3rd October. The Primary Care Forum received the PCAF as assurance on the ICBs delegated responsibilities for Primary Care Services (primary medical, pharmacy, optometry and dentistry) for 2024/25. The details of which were attached to the report.

Contract Award for Occupational Health Services (Including Needlestick Injuries) for GP and POD Staff
The procurement and the contract have been awarded to Heales Medical for a period of 16 months (plus option of 2 years extension). The service has successfully mobilised and the transfer of ongoing cases from previous providers is taking place with a two-week cross over for continuity of care. The Primary Care Forum noted the outcome of the procurement exercise and the Chair's action to approve the recommendation as agreed by the Forum on 12th August 2025.

New risk registered:
Risk Number: 1613 - Essential Shared Care Agreements (ESCAs) being declined by General Practices.

Procurement Operational Group Update *(for information/assurance/discussion)*
The paper reported the key activities involving procurements being co-ordinated by the Procurement Operations Group (POG), and an overview of the wider ICB contract portfolio and key care types by contract type.

Included was a presentation that provided an overview of 3 areas of contracting and procurement programmes:-

1. Wider context and summary of the ICB contract portfolio including distribution of end dates and key themes of Independent Sector Contracts and clinical specialties affected;
2. Summary of current live procurements and the wider procurement pipeline;
3. Overview of market expressions of interest and engagement under the national Patient Choice (Right to Choose) agenda.

There are five key reviews that are currently in progress:

1. MSC including chronic pain
2. Dermatology
3. Gynaecology – Operating model and setting
4. Ophthalmology
5. DHD and Autism Pathways

Currently there are three procurements underway, these include

1. Wheelchairs
2. Ear, Nose and Throat
3. Minor Hand Surgery

There are no new risks identified in this update, although staff capacity to deliver the full programme remains challenging due to the nature of competitive procurements, the volume of contracts to be managed, and the level of interest from the Independent Sector following successive government promotion of the Right to Choose agenda.

The Committee noted the wider context of the ICB contract and procurement programmes and were assured that the programme aligns to the ICB Strategic Commissioning Intentions

System-ICB Risks / Board Assurance Framework (SBAF):
There was not Risk/SBAF presented to the Committee There were no items to add to the risk register.

Policies Approved:
Commercial Sponsorship Policy The Policy had previously been approved by the Audit Committee however going forward this now falls under the remit of SCTC for approval. The Committee reviewed and approved the Commercial Sponsorship Policy.

Decisions to be Escalated to ICB Board:
☑ To ADVISE the ICB Board of the SCTC-endorsed decisions taken at August 2025 meetings; ☑ To ADVISE the ICB Board of the SCTC-endorsed approvals made pertaining to the Tongue Tie Service ☑ To ASSURE the ICB Board of the SCTC fulfilling its decision-making role effectively per its role and Terms of Reference, especially in the remit of Transformation consultation and engagement work. No other decisions or matter are escalated to the Board.

Staffordshire and Stoke-on-Trent Integrated Care System

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure No: 18

Report to:	**Integrated Care Board**						
Date:	**20 November 2025**						
Title:	**ICB Commercial Sponsorship Policy**						
Presenting Officer:	Paul Winter						
Author(s):	ICB Policy Review Group (Heads of Service from relevant ICB functions)						
Document Type:	Policy		If Other: Click or tap here to enter text.				
Action Required (select):	**Information (I)**	☐	**Discussion (D)**	☐	**Assurance (S)**	☐	
	Approval (A)	☐	**Ratification (R)**	☒	*(check as necessary)*		
Is the decision within SOFD powers & limits	**Yes / No**	YES					
Any potential / actual Conflict of Interest?	**Yes / No**	NO *If Y, the mitigation recommendations –*					
Any financial impacts: ICB or ICS?	**Yes / No**	YES *If Y, are those signed off by and date: N/A* The policy potentially enables new income into ICB that requires close management per Financial Stewardship & 'Good Governance'					
Any impacts on ICB Undertakings?	**Yes / No**	NO *If Y, are those signed off by and date:*					
Appendices:	Click or tap here to enter text.						

(1) Purpose of the Paper:

To seek Board ratification of the updated / revised ICB policy, after Audit + Strategic Commissioning & Transformation Committees' approvals. *As this policy has significant business implications, that the Board remain accountable for, the ICB's "Policy on Policies" requires it to come in full for ratification. Rather than the non-contentious policy escalations through 'Triple A' Reports of those two Board Assurance Committees route, where some Board Members were not present for discussions. NOTE for those wishing to read the full version of the document before Board discussion, it is available here:* https://staffsstoke.icb.nhs.uk/~documents/route%3A/download/4017/.

(2) History of the Paper & Whether for I-D-S-A-R (as above):	**Date**
ICB Audit Committee (A) ICB Strategic Commissioning & Transformation Committee (A)	06 October 2025 05 November 2025

(3) Implications:	
Legal or Regulatory	NHS Conflict of Interest (COI) guidance, Code of Conduct for Managers, 2024 ABPI Code of Practice, Bribery Act 2010 + Nolan Principles
CQC or Patient Safety	No direct impact: the policy mitigates reputational and COI risks, indirectly supporting safe care standards
Financial (CFO-assured)	The policy provides appropriate financial safeguards and controls
Sustainability	Promotes transparent, ethical commercial partnerships which support longer-term organisational sustainability

Implications (continued):	
Workforce or Training	Provides clarity to staff on accepting sponsorship, reducing risk of in-appropriate relationships; no training required - to be communicated ICB-wide
Equality & Diversity	Policy is inclusive and applied consistently across all members of staff
Due Regard: Inequalities	No adverse impact identified; ensures fair treatment and prevents conflicts that could exacerbate inequalities
Due Regard: wider effect	Strengthens organisational reputation, supports stakeholder confidence, and aligns with NHS values

(4) Statutory Dependencies & Impact Assessments:

Assessment	Completed?	If No / N/A – Rationale	If Yes – Outcome & Date Reported / Signed off
DPIA	☐ Yes ☐ No ☒ N/A	*N/A for this policy*	
EIA	☒ Yes ☐ No ☐ N/A	Click or tap here to enter text.	*01.09.25 - assessment has been carefully completed to ensure the policy aligns with the ICB's commitment to EDI. While it primarily governs internal governance / external commercial relationships, the importance of ongoing vigilance to avoid unintended impacts on protected groups is acknowledged.*
QIA	☐ Yes ☐ No ☒ N/A	*N/A for this policy*	*Policy relates to internal governance, not a direct service change; patient involvement not required.*
Has there been Public / Patient Involvement?	☐ Yes ☒ No ☐ N/A		*Policy relates to internal governance, not a direct service change; patient involvement not required.*

(5) Integration with the System Board Assurance Framework & Key Risks:

SBAF1	Responsive Patient Care - Elective	☐	**SBAF5**	High Quality, Safe Outcomes	☒
SBAF2	Responsive Patient Care - UEC	☐	**SBAF6**	Sustainable Finances	☒
SBAF3	Proactive Integrated Community Services	☐	**SBAF7**	Improving Productivity	☐
SBAF4	Reducing Health Inequalities	☒	**SBAF8**	Sustainable Workforce	☒

(6) Executive Summary, incl. expansion on any of the preceding sections:

This policy sets out the framework for how ICB engages with commercial entities, ensuring that any sponsorship or joint working arrangements support our priorities, while upholding the highest standards of ethics, governance and transparency. It provides consistent guidance, requires compliance with professional / industry codes of conduct, establishing clear rules and boundaries to manage risks in complex commercial relationships. It applies to all Staff, Board and Committee members involved in any arrangements with the Commercial Sector, covering sponsorship of courses, conferences, projects, posts, meetings and publications amongst other defined areas. It supports transparent, ethical joint working with the Pharmaceutical Industry / other commercial organisations, ensuring that patient benefit is prioritised, potential risks are scrutinised, and any commercial return is disclosed in line with NHS policies or/and the ABPI Code of Practice. The policy is closely linked to the ICB's Standards of Business Conduct and Conflicts of Interest/Gifts & Hospitality policies, reinforcing safeguards to prevent conflicts while enabling responsible partnerships that deliver maximum value to patients.

(7) Recommendations to Board:

The Board is asked to **REVIEW** and **RATIFY** the Commercial Sponsorship Policy.